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ABSTRACT

Noting that improving practice in all child welfare services is a major goal of the Child Welfare League of America, this handbook presents goals and standards for services to strengthen and preserve families with children. The handbook begins with introductory sections describing standards development, detailing how to use the standards, and differentiating standards of excellence, standards for accreditation, and procedures for state licensing. The formal introduction describes the social context of child and family well-being, factors affecting parents' ability to provide for their children's needs, the evolution of family-centered services, especially as it relates to permanency planning in foster care and the family support and family preservation movements; and the trend toward community, neighborhood-based approaches to supporting and strengthening families with children. Chapter 1 of the handbook describes standards for the family-centered practice approach, including the values and essential components of family-centered practice and services. Chapter 2 presents standards for providing family resource, support, and education services. Chapter 3 offers an organizational framework for delivering family-centered casework services, including standards for assessment and service planning. Chapter 4 offers standards for intensive family-centered crisis services with the goal of protecting the child, strengthening and preserving the family, and preventing unnecessary out-of-home placement of the child. Chapter 5 focuses on the administrative aspects of family-centered services, outlining standards for agency governance, service organization and delivery, staffing, management information systems, quality control, personnel, and specialized training. Chapter 6 addresses the role of the community in supporting and strengthening families with children. Chapter 7 summarizes the major themes embodied in the standards. (Contains a glossary of relevant terms and 153 references.) (KB)

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Child Welfare League of America

STANDARDS OF EXCELLENCE

CWLA Standards of Excellence for Services to Strengthen and Preserve Families with Children

Standards of Excellence for Services to Strengthen and Preserve Families with Children

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Child Welfare League of America

STANDARDS OF EXCELLENCE

CWLA Standards of Excellence for Services to Strengthen and Preserve Families with Children

REVISED EDITION

Child Welfare League of America
Washington, DC

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The Child Welfare League of America, the nation's oldest and largest membership-based child welfare organization, is committed to engaging all Americans in promoting the well-being of children and protecting every child from harm.

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Foreword

Setting standards and improving practice in all child welfare services have been major goals of the Child Welfare League of America (CWLA) since its formation in 1920. With the issuance of this revision, CWLA reaffirms its commitment to establishing standards of excellence that can be used as goals to advance and guide contemporary practice. As we continue to learn more about the essentials for the healthy growth of children, families, and communities, CWLA can help redefine the responsibility of society to provide the conditions and opportunities that encourage their development.

Since the inception of its program of standards development, CWLA has formulated a series of standards based on current knowledge, children's developmental needs, and tested ways of meeting these needs most effectively. The preparation of standards involves an examination of current practices and the assumptions on which they are based, a survey of the professional literature and standards developed by others, and a study of the most recent experiences of social work and related fields—child development, child care, education, mental health, psychology, medicine, psychiatry, and sociology—as well as other appropriate and pertinent fields such as management, business, technology, communication, and marketing, as they bear on child welfare practice and management.

The final formulation of standards follows an extended discussion of principles and issues by experts in each service area, the drafting of a preliminary statement, and a critical review by CWLA member agencies, representatives of related professions, and other national organizations.

CWLA's preparation of standards involves the wide participation of local, state, and national agency representatives. Many CWLA member agencies, including state human service departments and voluntary agencies, have contributed the professional time and travel costs of their staff members who developed these standards, reviewed draft statements, and made suggestions for revision. Representatives of national organizations, government and sectarian agencies, universities, and professional associations in related fields have taken part in the various committees.

Purpose of CWLA Standards

CWLA standards are intended to be standards of excellence—goals for the continuing improvement of services for children and their families. They are not the criteria for CWLA membership, although they do represent those practices considered to be most desirable in providing services to children and their families. As goal standards, they reflect what we as a field collectively recognize as the best ways to work with children and their families. They provide us with a vision to which we can aspire. They also are used in the development of the standards of the Council on Accreditation of Services for Families and Children, Inc. (COA).

CWLA standards are directed to all who are concerned with the enhancement of services to children and their families, including parents; public and voluntary child welfare agency governing board members; direct service, supervisory, and administrative staff members; the general public; citizen groups; public officials; courts and judges; legislators; professional groups; organizations serving children and families; organizations whose functions include the planning and financing of community services; state or local agencies entrusted by law with functions relating to the licensing or supervision of organizations serving children and families; tribal organizations; advocacy groups; and federations whose membership requirements involve judgments on the nature of services rendered by their member agencies.

Standards of excellence can stimulate the improvement of services only as they question the value of present practices, convey a conviction that change is desirable, offer a philosophic base from which to examine current practice, and provide a vision toward which we can aim. They provide the means to test the premises from which practice develops and allow the measurement of current services and performance against what is known to be the best possible practice.

Standards are of use in planning, organizing, and administering services; in establishing state and local licensing requirements; and in determining requirements for accreditation. They offer content for teaching and training in child welfare and related fields, in professional schools, in in-service training and staff development programs, and in the orientation of the organization's board members, staff members, and volunteers. They can help to explain and justify expenditures and budget requests to fundraising bodies, administrative budget officers, and appropriation committees of legislatures.

Finally, standards can promote an understanding of how a service may more effectively meet the needs of children and their families, what it should be expected to do, and how it can be used. In that way, standards promote increased public interest, understanding, and support for pertinent legislation, improved financing, and the provision of quality services to children and their families.

Development of CWLA Standards

To maintain their visionary quality, CWLA standards are regularly reviewed and revised, because knowledge about children, families, communities, human behavior, and successful helping strategies continues to grow. Developments in management and the social sciences; the continuing evaluation of the effectiveness of current social service practices, policies, and programs; and shifting patterns of social values and social organizations lead to the continued modification of the vision for quality in child welfare practice and management.

The Committee on CWLA Standards of Excellence for Services to Strengthen and Preserve Families with Children met for the first time in June 1999 to begin the process of reviewing CWLA's current standards and to suggest additions or revisions. The committee was composed of individuals representing CWLA public and voluntary member agencies from various geographic regions of the country, researchers, and representatives of national organizations concerned with improving child and family supports and services.

The committee began with the framework established in the 1989 volume and crafted standards that built on the philosophy, values, and practice recommendations of the earlier work. The committee held three additional meetings, circulated and reviewed drafts of chapters, and received a draft of the completed revision in early 2002 for final review. A draft of the proposed standards was then circulated to CWLA's five regions for review by the membership. CWLA's board of directors approved the content of this volume on May 19, 2002. It henceforth stands as CWLA's policy for the provision of services and supports to families with children.

The Standards from an International Perspective

The CWLA standards are frequently requested by international officials and child welfare professionals and advocates from other countries who are interested in learning what is considered best practice in North America in a range of practice areas. CWLA standards have been used in developing and improving services in a number of countries, and the *CWLA Standards of Excellence for Adoption Services* were used as a reference for the development of the Hague Convention Regulations on Intercountry Adoption.

CWLA promotes best child welfare practices and supports the enhancement of children's rights throughout the world. Consistent with this effort, we find these standards to be compatible with and supportive of the UN Convention on the Rights of the Child, a blueprint for ensuring children's well-being and protections as a matter of right everywhere.

Bringing the CWLA Standards to the Field

These revised standards represent a large step forward in our thinking and practice with regard to family-centered services. They emphasize the importance of supporting and strengthening all families, including those at risk or involved with the child welfare system, and recommend a collaborative approach between formal agencies, family members, and the community. The standards are consistent with the CWLA National Framework, which envisions a world in which the universal needs of children are met through caring families, communities, and systems.

These revised standards call on professionals and citizens alike to work together to support families, strengthen communities, and keep children safe. Clearly a daunting task, we encourage agencies, practitioners, advocates, and concerned citizens to use the standards as a vehicle for pursuing these important goals. In addition, because these standards overlap many areas of current child welfare practice, they should be viewed as philosophical underpinnings for the field in general.

Raymond P. Carpenter
Chair
Board of Directors
Child Welfare League of America

Shay Bilchik
President/CEO
Child Welfare League of America

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We applaud the members of the advisory committee for their vision and assistance to CWLA in assuring the highest quality standards of child welfare practice.

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How to Use CWLA Standards

CWLA standards employ a two-part format designed for quick and easy access to pertinent information. One volume, *CWLA Standards of Excellence for the Management and Governance of Child Welfare Organizations,** presents the generic components of child welfare practice that apply across the field. The components of each specific service are presented in separate volumes and encompass only those service elements applicable to a particular arena of child welfare practice. Each is updated on a regular basis.

The contents page of each standard affords an overview of the general and specific subjects covered. For information on a particular practice, the index lists each subject of interest and its related categories in the text in alphabetical order. Each standard is designated by a number. The digit before the decimal point indicates the chapter in which the standard can be found; the digits after the decimal point designate its numerical order within the chapter. The first (nonindented) paragraph of each numbered section represents the standard. The rest of each section may be considered as elaboration, explanation, or illustration. The introductory chapter affords an historical background and philosophical overview and provides perspective for the remainder of the volume.

Various aspects of an issue may be discussed in more than one volume of CWLA's standards, and the reader is urged to consult those volumes as appropriate. In addition to this volume on

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* *CWLA Standards of Excellence for the Management and Governance of Child Welfare Organizations* (1996) serves as a replacement for *CWLA Standards for Organization and Administration for All Child Welfare Services* (1984).

services to families with children, CWLA's standards include volumes addressing services for adoption, child day care, child protective services, family foster care, health care for children in out-of-home care, in-home aides, independent living, kinship care, pregnant and parenting adolescents, and residential group care. Information on obtaining these volumes is available from CWLA at the address listed on the copyright page of this volume or at http://www.cwla.org.

Differentiation of CWLA Standards of Excellence, COA Standards for Accreditation, and State Licensing

CWLA Standards of Excellence

CWLA standards of excellence are intended to be used as goals for practice in the field of child welfare services. They are intended to provide a vision of what is best for children and their families and, as such, encourage the continual strengthening of services. CWLA standards carry no implication of control or regulation. Rather, by bringing together the collective experience of the field to bear on the work of each organization, they provide a valuable tool for both public and nonprofit agencies.

The standards present practices considered most desirable in providing services, regardless of an organization's auspices or

setting. CWLA's standards are widely used to influence practice throughout North America and internationally.

CWLA standards of excellence make it possible to compare what exists with what is considered most desirable for children and their families, and to judge the extent to which current performance approximates or deviates from the most desirable practice. The standards have an educational purpose as well, disseminating what is accepted to be the best current thinking and practice in each child welfare service area.

Since CWLA initiated its standards-setting function, it has continued to revise established standards and develop new ones as new services emerge. Setting standards involves consultation with national experts and direct service practitioners, a comprehensive review of the literature, and the achievement of professional consensus based on knowledge, experience, and research.

COA *Standards for Accreditation*

COA's *Standards for Accreditation* constitute a set of requirements for current agency administration, management, and service delivery. They are rigorous but realistic descriptions of practice standards that a competent provider organization should be able to meet. They establish a system based on measurable criteria. Although the COA standards are based on CWLA standards, COA is an independent accrediting body for social service organizations.

State Licensing

Through the licensing of child-placement agencies, residential facilities, family foster homes, and child day care facilities, states exercise their police power to protect children from risks against which they would have little or no capacity for self-care and protection. *Police power*, as defined by Black's Law Dictionary (§1401), is

> the exercise of the sovereign right of the government to promote order, safety, health, morals, and the general welfare within constitutional limits and is an attribute of government using the power of the state to enforce laws for the well-being of its citizens.

Police power is the basis of licensing laws. Licensing requirements provide basic protections by the state for the well-being of children and their families.

Introduction

Families are central to child safety and well-being.* Children develop the ability to lead productive, satisfying, and independent lives in the context of their families. Family ties, especially those between parent and child, are extremely important in the development of a child's identity. Through interaction with parents and other significant family members, children learn and come to subscribe to their most cherished personal and cultural values and beliefs, learn right from wrong, and gain competence and confidence. Family relationships must be nurtured and maintained to meet the needs of children for continuity and stability, which support healthy development.

All families need support. Raising children, managing a household, ensuring adequate income to meet family needs, and establishing and maintaining caring relationships among family members—all are tasks and responsibilities that challenge the healthiest of families. All families can benefit from information, guidance, and help in connecting with resources as they meet the challenges of parenthood and family life. For families with limited resources, or those that face additional challenges, the need for support and assistance is even greater.

Although families have the primary responsibility for protecting and raising children, communities also are central to the

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* The term *family* is defined broadly, including circumstances in which a child may have one or more families simultaneously—for example, as a result of parental separation or divorce, open adoption of a child, or when a child is living with kin or in foster care. The term also includes a variety of family formations, including single parent and blended families.

health and well-being of children. Communities provide the context for daily life, the cultural lens for translating information and experience, and the network of supports and connections that help children and young people overcome difficulties and become contributing members of society. Communities can assist families by making supports and services widely available and by making children and families a priority in planning, funding, and policy decisions. Communities can ensure that children are provided the opportunity for safe, healthy exploration and learning to support their ongoing development.

Communities serve their own best interests when they support families and protect children. Communities benefit from the presence of well-functioning families. Healthy children and families give back to their communities in tangible and intangible ways. They contribute to the vitality and longevity of the community itself and enhance the quality of life for those living in the community.

The Social Context of Child and Family Well-Being

Changing Family Structure

One of the most profound changes in American society over the last three decades has been the change in family structure. The proportion of single-parent families, blended families, and families in which both parents work outside the home has increased dramatically. In 1970, about 12% of children in the United States lived in single-parent families (Saluter & Lugaila, 1998). By 1998, 27.7% of all children were living in single-parent families. Moreover, sharp ethnic differences are apparent in family structures. In 1998, 21% of Caucasian children, 31.2% of Hispanic children, and 54.7% of black children lived with a single parent (Lugaila, 1998).

Single parenthood increased significantly during the latter part of the century, the result of an increase in divorce, separation, and births outside of marriage. Statistics show that the number of divorced persons has increased 99%, from 9.9 million in 1980 to 19.7 million in 1999 (U.S. Bureau of the Census, 2001).

Other factors also have affected family formation. Substance abuse and incarceration of parents, among other causes, have

led to an increasing number of grandparents and other kin providing temporary or long-term care for their relative children. According to the National Survey of America's Families (Ehrle, Geen, & Clark, 2001), in 1997, 1.8 million children lived with relatives, with neither parents present in the home. Although the majority (1.3 million) were cared for privately by relatives without the involvement of a public child welfare agency, 500,000 of the children living with relatives had been removed from their parents by a public agency and placed with kin (Ehrle et al., 2001).

These changes reflect a diversity that has created new challenges for families. For example, single-parent families as well as kinship families often struggle with inadequate financial support and lack of access to affordable health care and child care. They also may experience a lack of support from or conflictual relationships with noncustodial parents. Although these factors are not unique to single-parent and kin families, they may place a greater burden on these families in their efforts to care for children.

Changing Roles and Responsibilities

The percentage of dual-income married couples with children rose 35% over the past 20 years, from 12.8 million to 17.3 million (U.S. Bureau of the Census, 2001). To accommodate the increasing number of families where both parents are in the workforce, the roles and responsibilities of family members are changing. On workdays, employed mothers spend more time with their children than employed fathers do (Bond, Galinsky, & Swanberg, 1998). Fathers' time with their children, however, has increased over the years, whereas mothers' time has remained steady. If a parent has to take time off to attend to a child's needs, mothers report that they are more likely to take time off than fathers (83% to 22%, respectively). Mothers in dual-income families spend more time on chores than fathers, overall, but fathers have increased their time on household chores, whereas mothers have decreased their time. These data suggests that mothers still tend to fulfill the caregiver role but that the gap between mothers and fathers is gradually decreasing and the roles are continuing to evolve (Bond et al., 1998).

Both fathers and mothers are working longer hours per week than they did 20 years ago (three and five hours longer, respec-

tively). They also are spending less time on their personal activities and on themselves, and more time at work. They may feel emotionally drained by their work and have difficulty coping with the multiple demands of everyday life (Bond et al., 1998).

With parents working longer hours, child care arrangements are often strained. The 1997 National Survey of America's Families estimated that 2 out of 5 children (38%) in nonparental care had more than one regular child care arrangement each week (Capizzano & Adams, 2000). With regard to preschool children of employed mothers, 34% of children younger than 3 years old were regularly in multiple (two or more) child care arrangements and 44% of 3- to 4-year-olds were in multiple arrangements (Capizzano & Adams, 2000). The survey also found that an estimated 4 million 6- to 12-year-olds with employed mothers were regularly without adult supervision when not in school (Capizzano, Tout, & Adams, 2000). The challenge of trying to ensure safe and nurturing child care, including supervision for older children and youth, places tremendous stress on parents. When parents are unable to arrange for quality, reliable care and supervision, children and youth are at increased risk.

Changing Demographics

The demographics of American families are changing as a result of family mobility, immigration, refugee resettlement, and differential birthrates. Between 1999 and 2000, 43.4 million Americans moved. Mobility rates varied by race and ethnicity. Non-Hispanic Whites had lower moving rates compared with Hispanics of any race, Asians, and African Americans (Schachter, 2001). Not only did people move within the country, but movement of people from abroad also occurred. In 2000, the foreign-born population numbered 28.4 million, a 43% increase over the 1990 census figure (Schmidley, 2001). This increased number of immigrants was largely from countries in Latin America and Asia. Two-thirds of the foreign-born population resided in the West or the South, and almost half lived in a central city of a metropolitan area (Lollock, 2001). In addition, an estimated 5 million undocumented immigrants resided

in the United States as of October 1996. This population is projected to grow by 275,000 each year (Immigration and Naturalization Service, 2001).

Birthrates in the country have increased slightly after several years of steady decline. The number of births increased 3% between 1999 and 2000 (Martin, Hamilton, & Ventura, 2001). Over the past several years, the trend in number of births by race and ethnicity has varied. From 1990 to 1998, the birthrate for non-Hispanic Caucasians and non-Hispanic African Americans declined by 10%. During the same period, the birthrate for American Indians, Asians, and Hispanics increased by 3%, 22%, and 23%, respectively (Ventura, Martin, Curtin, Mathews, & Park, 2000). With the differing growth of families across race and ethnicity, American families are becoming increasingly diverse.

These changes in the race, culture, and ethnicity of families, along with changes in family structure and evolving roles and responsibilities, challenge practitioners to rethink and reshape service delivery approaches to better address the needs of the diverse families that can benefit from supportive services.

Factors Affecting Parents' Ability to Provide for Their Children's Needs

Poverty

Since 1970, childhood poverty has increased by 11%. In 2000, nearly 11.6 million children lived in poverty— 37% of the 31.1 million poor Americans (Dalaker, 2001). The stress created by living in poverty may adversely affect child safety and well-being (Gil, 1970). Parents who experience prolonged frustration in trying to meet their family's basic needs may be less able to cope with even normal childhood behavior problems. Those parents who lack social support in times of financial hardship are particularly vulnerable (Thompson, 1995).

Recent changes in federal and state policies have created new pressures and demands—as well as new opportunities—for poor families with children. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, which re-

placed the Aid to Families with Dependent Children (AFDC) program with the Temporary Assistance for Needy Families (TANF) program, emphasizes personal responsibility and limits the government's role in supporting needy families.

Although the long-term effects of PRWORA are yet to be fully documented, limited data suggest that some families have benefited from participation. Employment increased 80% increase among welfare recipients from 1992 to 1999. The average monthly earnings of employed welfare recipients increased 28% from 1996 to 1999. The employment rate of single mothers under 200% of the poverty level rose from 44% in 1992 to 59% in 1999 (U.S. DHHS, 2000).

Other data suggest that many newly employed families are not better off than before. The Children's Defense Fund (1999) surveyed more than 5,000 families and individuals served by 180 local community agencies across 16 states in 1999. These families had left welfare since 1996 and sought help from their local community agency. The results showed that 58% of working families were still earning less than poverty wages. Of the families that were no longer receiving TANF, many were also not receiving such important noncash supports as food stamps (50%) and child care benefits (less than one-third); nearly a third reported that at least one family member was without health insurance (Children's Defense Fund, 2000).

During times of economic weakness, poor families are hit the hardest. A 27-city survey conducted after the most recent recession began found that requests for emergency food assistance increased by an average of 23% in 2001 (United States Conference of Mayors, 2001). Of the people requesting food assistance, 54% were members of family groups (children and their parents). During 2001, requests for shelter by homeless families increased by 22%, with almost half of these requests going unmet. In addition, requests for assisted housing by low-income families and people increased in 86% of the cities surveyed. The city officials surveyed all believed the weak economy would have a negative effect on hunger and homelessness in the future (United States Conference of Mayors, 2001).

Additional data confirm that poor families do not fare well during economic downturns. Most states report TANF caseload increases since the beginning of the recession. For the first time

since TANF was implemented, the average annual change in states' caseloads has risen by 3.8% (Richer, Sankarapandian, & Greenberg, 2002). Since April 2001, food stamp participation has increased every month. Since its lowest point in July 2000, food stamp participation has increased by two million people (Tenny, 2002).

Summaries of 15 to 18 state studies of families who left welfare after PRWORA was enacted ("welfare leavers") confirm that these families are struggling. One-third to one-half of welfare leavers did not report employment of any kind at the time of leaving welfare, although three-quarters of welfare leavers did work at some point within a year of exit (Acs, Loprest, & Roberts, 2001; National Campaign for Jobs and Income Support [NCJIS], 2001). Employed leavers worked an average of 35 hours per week, typically in professions that provided low wages or few benefits (NCJIS, 2001). The average wage for employed leavers was $7 to $8 an hour, and the average monthly income from all income sources was generally near the poverty line (Acs et al., 2001). A quarter or more leaver families experienced food or housing hardships at some point after leaving TANF. These factors raise concerns about the effects of welfare reform, especially because a quarter to a third of families who left welfare returned within the first year of exit (Acs et al., 2001; NCJIS, 2001).

Many working families also struggle to make ends meet. In 1996, one in six nonelderly Americans lived in working poor families (Acs, Phillips, & McKenzie, 2000). The primary earners in working poor families held jobs that offered less pay, less stability, and fewer benefits than earners in nonpoor families. The median hourly wage for primary earners in working poor families was $7.55, compared with $16.67 for families with incomes above 200% of the federal poverty level, although earners in both types of families worked full-time year-round. More nonpoor families (88.6%) than working poor families (54.3%) received health insurance through an employer. Compared with the nonworking poor, the working poor were less likely to receive Medicaid and food stamps (Acs et al., 2000).

For families involved with TANF, as well as those earning incomes slightly above the poverty line, the lack of quality, affordable child care, as well as adequate transportation, health

care, and housing, present major obstacles to achieving self-sufficiency and child and family well-being. These families need concrete assistance in these areas and added support to both meet the new work requirements and provide for the care and protection of their children.

Race and Ethnicity

Families of color face added challenges as a result of racial and ethnic discrimination. Families of color experience racism and are more likely to be poor (Hill, 1999; McAdoo, 1998; Padilla, 1997; Scannapieco & Jackson, 1996; Vega, 1995). The child poverty rate is highest for children of color. In 2000, 31% of African American children and 28% of Hispanic children lived in families with incomes below the poverty level, compared with 9% of non-Hispanic Caucasian children (Dalaker, 2001).

Children of color often attend public schools that are less academically challenging and may live in communities that have increased rates of crime and violence due to poverty, unemployment, and lack of opportunity (Hill, 1999; McAdoo, 1998; Vega, 1995). Families of color experience barriers when seeking support to help them cope with these challenges. In more recent years, they have endured reductions in services, lack of health insurance, inadequate health care, and lengthy waits at publicly funded clinics (McAdoo, 1998; Padilla, 1997; San Miguel, Morrison, & Weissglass, 1998; Scannapieco & Jackson, 1996).

Specific groups face various cultural challenges. For example, immigrant families must cope with acculturation stresses, lack of English proficiency, issues arising from their immigration status, and generally lower levels of educational and occupational status (Padilla, 1997; Vega, 1995). Yet the experience of each immigrant group and the individuals within each group will be different. In light of the diverse needs and experiences of families coming to the United States, service agencies and providers must take responsibility for knowing and understanding the cultural issues faced by specific populations and for hiring and training staff who can work effectively with them. Agencies must be committed to providing culturally competent and linguistically appropriate services and must allocate

the resources and organizational supports necessary to ensure the needs of culturally diverse families are met.

Children of color are the subject of about 40.1% of substantiated child abuse and neglect reports and comprise about 57.6% of the out-of-home care population, significantly higher than their representation (28.4%) in the total child population (Petit et al., 1999). The overrepresentation of children of color in the child welfare system and the challenges faced by their families in providing care and protection for them must be the subject of continued inquiry, discussion, and action in the child welfare field. Biased decisionmaking as a factor in overrepresentation must continue to be assessed and addressed. Agencies should periodically conduct a self-assessment regarding their capacity to reach out to diverse families and communities; to not prejudge families because of their race, ethnicity, or economic circumstances; to hear their issues; and to join with them in creating safe environments for their children.

Substance Abuse

An estimated 11% of children in the United States (8.3 million) live with a family affected by alcohol or other drugs (Young, Wingfield, & Klempner, 2001). Alcohol and other drug abuse can have a devastating effect on children and families. Although substance abuse has been present in families for centuries, the spread of crack cocaine, amphetamines, and other illegal drugs, in combination with the abuse of alcohol, has brought an increasing number of families to the attention of the child welfare system. Other families are coping outside of the child welfare system by relying on kin to provide primary care to their children.

Families experiencing substance problems are particularly vulnerable to disruption, including placement of their children in out-of-home care. An estimated 40% to 80% of families in the child welfare system have problems with alcohol and other drugs serious enough to affect parenting (Young, Gardner, & Dennis, 1998). Accessible and affordable treatment options are often in short supply. Even when options are available, timeframes for effective treatment may be inconsistent with the permanency needs of children. Ready assistance for parents to

make the necessary changes and a safety net for the whole family must be available so that—whenever possible—the expense and emotional burdens of caregiving by kin do not cause further disruption for the family.

Family-centered services can play an important role in helping families understand the effects of substance abuse, assisting family members to learn healthy ways of coping with substance abuse and daily life stresses. Family resource centers, parent support groups, and in-home counseling and parenting sessions can provide needed structure and support for families during and after substance abuse treatment, helping the families to develop new connections and relationships and establish a recovery-based lifestyle.

Domestic Violence

Although domestic violence has received increased attention in the past 15 years, it remains an issue for families today. In 1999, more than 790,000 incidents of violence occurred against a current or former intimate partner (Rennison, 2001). The majority of the victims (85%) were women (Rennison, 2001). Most nonlethal incidents of intimate violence against men and women occur at or near the home. More than half of the female victims and 22% of male victims live in households with children younger than 12 years old (Greenfeld et al., 1998).

Federal laws have mandated policy changes to address domestic violence. The Family Violence Prevention and Services Act of 1984 helped states increase public awareness of domestic violence and provide assistance to victims of such violence (Matthews, 1999). The Violence Against Women Act (VAWA), enacted in 1994 and reauthorized in 2000 as part of the Victims of Trafficking and Violence Prevention Act of 2000, authorized federal funds to help states improve law enforcement's response to domestic violence with an emphasis on collaboration. VAWA increased penalties for abusers, provided grants to enhance victim services programs, established interstate domestic violence as a federal offense, and created federal remedies for abused immigrant women and their children.

To respond to domestic violence, states and local communities have implemented three different types of interagency coordi-

nation: community intervention projects, criminal justice system–based reform projects, and coordinating councils (Shepard, 1999). Community intervention projects are nonprofit advocacy organizations, external to the criminal justice system, that focus on coordinating responses to domestic violence within a community. Criminal justice system–based reform projects focus on integrated case management programs from within the criminal justice system. Coordinating councils provide opportunities for interagency communication and collaboration. These community efforts have been successful in increasing the response of the criminal justice system in addressing domestic violence (e.g., arrest policies, prosecution, and mandated participation in batterer rehabilitation programs). Evidence suggests that combining these approaches reduces future incidents of violence (Shepard, 1999).

The presence of domestic violence is a significant factor in parental functioning. It also plays a role in child maltreatment and in the emotional well-being of children now and in the future. Parents who are victims of domestic violence need sensitive and skilled support and assistance in addressing domestic violence issues and maintaining their children's safety. Families that have learned patterns of violence need assistance to learn new patterns of interaction. Families also can benefit from mutual support, including victim support groups and more generic parent and youth support groups; assistance in meeting housing, health, and other basic needs; and opportunities to participate in normalizing experiences, such as recreation, meals, and social time.

Parental Incarceration

In 1999, an estimated 721,500 state and federal prisoners were parents to 1.5 million children younger than 18. From 1991 to 1999, the number of children with a parent in prison rose by 500,000. Prior to their incarceration, 46% of these parents lived with their minor children (Mumola, 2000).

When a parent is incarcerated, the family's life is disrupted. The parent's absence either forces another family member to fill the parent's role or leaves the role vacant. Because mothers are more likely to be the custodial and primary caregiver of

children, a mother's incarceration often means a change in the child's living arrangements and increased vulnerability due to poverty (Wright & Seymour, 2000). Children of incarcerated parents disproportionately live in poverty and their parents' incarceration frequently worsens the situation (Wright & Seymour, 2000). Of incarcerated parents, 31% of mothers and 4% of fathers lived alone with their children prior to their arrest (Mumola, 2000). These children suffer financially as well as emotionally. To assist these families, communities can provide community alternatives to incarceration and can support kinship families who are caring for children of incarcerated parents (Wright & Seymour, 2000).

Additional Factors

An estimated 22% to 23% of the U.S. population (about 44 million people), have diagnosable mental disorders in a given year (U.S. DHHS, 1999). Many people have more than one mental disorder at the same time. Women experience depression about 1.5 to 3 times more frequently than men (Lennon, Blome, & English, 2001). Because women tend to be the primary caregivers and major depression affects a mothers' ability to respond to her children, it is a risk factor for children experiencing developmental difficulties (Lennon et al., 2001).

Rates of adolescent pregnancy and juvenile delinquency have declined in recent years, yet they continue to be issues for many families today. Overall, the pregnancy rate for teenagers fell 19% from 1991 to 1997 (Ventura, Mosher, Curtin, Abma, & Henshaw, 2001). Teenage pregnancy rates continued to decline for non-Hispanic Caucasian, non-Hispanic African American, and Hispanic teenagers (Ventura et al., 2001). Yet, in 1998, almost 485,000 births occurred to adolescents ages 15 to 19 years old (U.S. Bureau of the Census, 2001). Children of teen mothers are more likely to have lower birth weights, perform poorly in school, and be at greater risk of abuse and neglect (George & Lee, 1997; Maynard, 1996; Wolfe & Perozek, 1997).

Juvenile arrest rates for all offenses declined 16% from 1996 to 1999. The overall juvenile arrest rate, however, was 7% higher in 1999 than in 1980 (Office of Juvenile Justice and Delinquency Prevention, 2000). From 1993 to 1997, serious violent crimes

(rape, sexual assault, robbery, aggravated assault) by juvenile offenders dropped 33%, but only 42% of serious violent crimes by juveniles are reported to law enforcement (Snyder & Sickmund, 1999). Violent crimes by juveniles peak during afterschool hours on school days and evening hours on nonschool days (Snyder & Sickmund, 1999).

The Strengths of Families and Communities

Although families face many challenges, they also possess many strengths and resources (including their own cultures) and protective factors—strengths that enable them to successfully adapt to stressful life events or circumstances. Examples of protective factors include the ability to endure hardship, their love for their children, the capacity to nurture, cooperation with agencies and other helpers, knowledge of what a parent should do, the ability to delay gratification, and the ability to be assertive (Cole, Day, & Steppe, 1994). Hodges (1995) set forth a list of personal characteristics and skills that serve as protective factors in children and youth, including

- the ability to respond quickly to danger,
- the ability to create and nurture relationships that will provide support in times of crisis,
- the desire to learn as much as possible about potentially harmful people or situations,
- the exhibiting of behavior that is more mature than the expected age, and
- the possession of a positive, hopeful attitude that protects against negativism and depression.

The communities and cultural experiences of families also provide a reservoir of strength and support. Too often, people fail to recognize the strengths and attributes of cultures different from their own. For example, families of color and immigrant families draw on relationships with extended family members as a means of social support. American Indian families find strength in kin systems of care that are interdependent but without any expectations of reciprocity (Cross, 1998). Immigrant families share residences with relatives to support one another

(Padilla, 1997). Latino families adhere to familialism—emotional and value commitments to family life—to adjust to external circumstances (San Miguel et al., 1998; Vega, 1995). African American families find strength in kinship bonds and flexible family roles. In addition, they possess strong achievement orientations, work orientations, and racial identities to foster resiliency in their children (Hill, 1999; McAdoo, 1998). Families of color and different cultures also derive strength from their strong religious orientations and their connection to religious institutions and communities (Cross, 1998; Hill, 1999; McAdoo, 1998; San Miguel et al., 1998).

Family-centered services recognize and build on these strengths, both by assisting families in addressing their own issues of concern and by giving families and other members of their communities a central role in the design and delivery of family supports and services. This approach seeks to strengthen the capacity of families and communities to protect and nurture their children and to be in control of their own destiny and future.

The Evolution of Family-Centered Services

Historically, child welfare services were not family centered. In the early days of child welfare, interventions focused primarily on children, with little acknowledgement of the importance of families and communities to child well-being. Early interventions, such as orphanages and orphan trains in the mid-19th and early 20th centuries, emphasized "rescuing" children from "unsavory environments." Once separated from their destitute parents, children were expected to quickly forget their families (Pasztor & Wynne, 1995). The movement to place children in foster care in the mid-20th century recognized the importance of family life for children and philosophically viewed foster care as a temporary and treatment-oriented service (*Foster Care Project Tool Box*, 1997). In practice, however, child welfare professionals often considered children better off in foster care than they had been with their birthparents, even though foster care never was intended as a permanent solution for the children (*Foster Care Project Tool Box*, 1997). These practices, as well as the widespread placement of children in foster care and adop-

tion of certain racial and ethnic groups (notably American Indian and African American children), reflected a disconnection between philosophy and practice regarding the importance of family, community, and culture in children's lives.

At the same time, other influences have worked to shape a more family-centered approach to services. Family-centered services have their roots in the efforts of families themselves, grassroots community groups, service providers, and public and private organizations to support and strengthen families and promote child, youth, and family development. The family-centered approach grows out of a number of movements in the field and in society, with origins in both policy and practice. The three major movements described here—the permanency planning, family support, and family preservation movements—have common roots and characteristics. Each developed in unique ways, however, shaped by different forces and influenced by different environments.

The Permanency Planning Movement

Beginning in the mid-20th century, researchers, including Maas and Engler (1959); Goldstein, Freud, and Solnit (1973); and Fanshel and Shinn (1978), called attention to the effect of separation and loss on child development and well-being, the negative effect of "foster care drift" on children, and children's need for permanent families. In the 1970s, their research led to efforts to provide services to families to achieve permanency for children and to federal legislation that recognized the importance of families and culture for children. The Indian Child Welfare Act (ICWA) of 1978 (P.L. 95-608) and the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) mandated greater attention to and involvement of the child's family, community, and culture in decisionmaking. Each of these acts also established a clear responsibility on the part of the child welfare agency to support and preserve families, whenever possible, and to create other, permanent alternatives for children if family preservation or reunification could not be achieved.

ICWA was intended to protect the best interests of tribal children in the context of promoting the stability and security of American Indian tribes and families. Congress passed ICWA in

response to studies that documented the widespread removal of American Indian and Alaskan Native children from their homes and their placement with nontribal families. It established a number of procedural standards to strengthen tribal sovereignty and end transracial placement practices (Mannes, 1993).

P.L. 96-272 introduced the ideas of preventing the unnecessary placement of children outside the home, reunifying families whenever possible, and finding adoptive families for children who could not return home. The law built on the efforts of practitioners in Oregon (Pike, 1976); Alameda County, California (Stein, Gambrill, & Wiltse, 1978); and New York (Festinger, 1975), who demonstrated that the child welfare system could effectively work with families to achieve positive outcomes for children. During the early 1980s, P.L. 96-272 and the emerging permanency planning philosophy began to have an effect on the number of children in foster care. Initially, reductions were achieved through more innovative adoption planning for children unable to return to their birthfamilies and through increased reunification efforts (Greenblatt & Day, 2000). In addition, many public and private agencies began to develop innovative services aimed at preventing unnecessary placement while strengthening families in their caregiving roles.

The Family Support Movement

Another important influence on the evolution of family-centered services has been the development of family support services. These services, which blossomed in the 1960s and 1970s, have their roots in parent education efforts, self-help groups, and early settlement houses.

Parent education has evolved from informal sharing of child-rearing information to organized associations of parents seeking to understand the best ways to raise their children and to provide for the general well-being of all children, and from local faith-based, civic, or self-help efforts to statewide efforts, such as Parents as Teachers, and federal programs, such as Head Start. Family support services reflect the influence of parent education in their commitment to inform parents of the principles of child development and to make the benefits of parent education available to all families.

Self-help groups have long provided a voluntary means for groups of individuals to provide mutual aid and support. Self-help groups have existed in many societies. These groups are formed to provide a sense of community to displaced and changing families, to supply information for improving the lives of their members, and to give assistance during times of crisis. Many family support programs illustrate the influence of self-help groups by

- unifying individuals regardless of economic or social standing through their common status as parents and their concern for the well-being of children;
- responding to the need to be part of a group of individuals with similar concerns and benefits that can be gained from each other; and
- overcoming obstacles to accessing services, such as lack of assistance, prohibitive costs, and red tape or logistical problems.

Settlement houses were founded in urban neighborhoods around the turn of the 20th century. Though they differed from one community to another, each focused on supporting and strengthening families facing the stress of social and industrial problems. With staff committed to community service and advocacy, settlement houses responded to families' concrete needs, helped them learn to improve their own living conditions and their children's well-being, and provided the support that had been lost in the disruption of traditional cultural structures. Like the early settlement houses, contemporary family support services

- recognize that the community and the family are interdependent and their needs and strengths are interrelated,
- help overcome the isolation that modern families experience, and
- act as centers for community advocacy.

Family resource centers are community-based programs that provide comprehensive social and health services to families (Leaman, Singletary, & Salas, 2000). Early family support programs were labeled as family resource programs because it was their responsibility to be resources to families, to be available for the families' use and on the families' own terms. Family resource programs in the mid-1970s focused on helping parents nurture the early years of a child's life by providing infor-

mation about child development, activities for parents and children, and links to other family services in the community (Family Resource Coalition, 1996). Family resource centers became popular within the past 10 years as collaborative partnerships between service providers created one-stop, central locations for referrals and services that emphasize and build on family strengths (Leaman et al., 2000).

Family resource centers provide a combination of core services:

- services that meet the unique needs of families in their own communities;
- individualized, center-based services such as personal family support and consultation;
- referral and follow-up services to agencies and other community programs and resources;
- group-based services such as parenting classes and support groups; and
- outreach and family visiting services (Leaman et al., 2000).

Although home visiting services were not always a formal part of family support efforts, they have become an important method of delivering preventive and family support services. They originated in this country in the late 19th century, when private charity organizations sent 4,000 middle- and upper-class volunteer women to visit poor families in major cities (Weiss, 1993). Their purpose was to change the character and behavior of the urban poor by providing guidance through friendship and role modelling. This goal emerged from the assumption that the cause of urban poverty lay in the character flaws of the poor. Friendly visiting lost momentum when an economic depression stretched the resources of private charities. Dependency on paid visitors became prevalent due to the lack of volunteers, and visitors experienced difficulty in working with immigrants who could not speak English.

Home visiting also was challenged by the settlement house movement, which viewed the cause of poverty as environmental rather than individual. In addition, the profession of social work began to emerge and emphasized working with clients in offices and not befriending clients. When home visits did occur during this period, specialists conducted them from schools,

hospitals, or service agencies with the goal of improving the social and familial environments of their clients.

Home visiting resurfaced in the 1960s during the war on poverty to help disadvantaged children and families. These programs were based on the belief that to foster the early development of children, parents needed help to improve socialization, health, and education practices. Home visitors worked with parents on how to structure and use the home environment and to interact with their children to foster development. Since the 1960s, people have realized that basic family needs for food, shelter, health care must also be addressed if parents are to act on the information they receive from home visiting services (Weiss, 1993).

Today, home visiting is considered an important component of service delivery, as opposed to a discrete service of its own. The services that are delivered during home visits constitute the intervention (Margie & Phillips, 1999). These services are directed at providing parenting skills, preventing child abuse and neglect, promoting healthy child development and academic success, and providing the family with a number of community resources. Home visiting focuses on the importance of early childhood development and a belief that parents are vital in shaping their children's futures. Current home visiting programs are diverse in their structure and goals. Home visiting programs vary in the experience and backgrounds of their staffs, their clients, the intensity and duration of provided services, administrative sponsorship, and the extent to which home visiting is the primary service provided (Gomby, Larson, Lewit, & Berhrman, 1993). Some programs focus on a single goal versus multiple goals. Programs also vary in their approach to achieving their goals. The underlying assumption of home visiting is to bring prevention directly to the family and into the home (Gomby, Culross, & Behrman, 1999).

The Family Preservation Movement

In contrast to the development of family support programs, the family preservation movement is more closely connected with formal social services, especially state child welfare systems. These services developed largely in response to the overreliance on out-of-home care and child-oriented services that char-

acterized services in the 1970s. Practitioners and child advocates recognized that separating children from their families is traumatic for children, that they often experience lasting negative effects, and that children need a safe and stable family. They also recognized that many children could be safely protected and treated within their own homes when parents were provided with services and support and were empowered to change their lives.

These practitioners and advocates were joined by consumers and policymakers in the search for a more effective approach to helping families with children. It was soon broadly recognized that, despite advances in clinical research and expertise, the response to vulnerable families had suffered from an increasingly fragmented service system and increased specialization.

Family preservation practitioners drew from the best practices of early social work, family therapy, parent education, and a variety of disciplines that together provided a holistic response to families and their children. A variety of services developed to strengthen families and help them develop the skills they need to safely care for their children. Some programs took a family systems approach; others were based on a behavioral or cognitive model. Today, an eclectic mixture of therapeutic approaches is frequently used. Most providers have integrated clinical skills with efforts to meet families' basic needs for food, clothing, shelter, and transportation, as well their ongoing needs for support and treatment.

ICWA and the Adoption Assistance and Child Welfare Act of 1980 formed the federal policy foundation for developing services to prevent unnecessary out-of-home placement and to reunify children with their families. The "reasonable efforts" provision of P.L. 96-272, which requires judges to decide whether child welfare agencies have made reasonable efforts to enable children to remain safely at home prior to placement in out-of-home care, led to the further development of preplacement prevention services, especially family preservation services.

The Family Preservation and Support Services provisions of the 1993 Omnibus Budget Reconciliation Act (P.L. 103-66) created additional federal direction and funding for family preservation and family support services. The Family Preservation

and Support Services Program (reauthorized as the Promoting Safe and Stable Families Program under the Adoption and Safve Families Act [ASFA] in 1997 and 2001) gave new funding to the states to provide a range of family support and family preservation services to families with children. The program sparked a new focus on family support strategies and the importance of communities in supporting families and protecting children. The community planning requirements of the program prompted many state agencies to engage communities in developing their own service plans, based on the needs, strengths, and resources in their community. The act also provided a strengthened policy framework for service approaches that

- build on natural helping systems,
- are voluntary,
- seek to strengthen families before they come to the attention of the formal child welfare system, and
- use the resources of the community and neighborhood to respond more effectively to children and families who are in crisis or who need additional help.

Recent Trends and Policy Developments

Permanency planning, family support, and family preservation philosophies and practices have contributed to and are part of the approach known as family-centered practice. They form the foundation of the service approach and service strategies described in this volume. Other trends, however, including a growing concern regarding child safety, have also influenced the development and delivery of these services. Public debate has centered in recent years on the goals of family preservation and child safety, questioning whether child welfare agencies, in their efforts to prevent placement and reunify children with their families, are ignoring or minimizing the safety needs of children (Hartman, 1993; Murphy, 1993).

Legislators have expressed this concern in the amendments to the Child Abuse Prevention and Treatment Act of 1974 (CAPTA) and in ASFA. Congress has amended CAPTA several times to strike a balance between protecting children and preserving the

rights and privacy of families. ASFA also emphasizes child safety and well-being, and, in addition, shortens the timeframes for making permanency decisions, in effect giving parents less time to make the changes necessary to be reunified with their children.

The effect of the changes to CAPTA, the enactment of ASFA, and related changes in the states is not entirely known. It is probably safe to conclude, however, that the emphasis on family preservation services nationally and in many states has diminished, particularly for those families that present clear child safety concerns. In addition, although safety always has been a focus of family-centered services, the newest programs incorporate additional techniques and practices to ensure safety. At the same time, new approaches, such as family group decision-making (Connolly, 1999), community-based child protection (Day, Robison, & Sheikh, 1998), and community-based foster care (Annie E. Casey Foundation, n.d.), have been piloted in a number of communities, with the goal of creating a broader circle of protection for children and support for families in these communities.

A second influence has been the recent emphasis on self-sufficiency for poor families. In 1996, the federal government passed PRWORA, which was sweeping welfare reform legislation. The act replaced the federal guarantee of cash assistance to certain families living below the poverty line (AFDC) with block grants to the states (Temporary Assistance to Needy Families, or TANF). Although the long-term effects of the act have not been fully documented, the increased emphasis on personal responsibility and decreased emphasis on government support for poor families with children have undoubtedly affected families in a variety of ways. As a result of TANF, service providers have begun to pay increased attention to helping families with work and self-sufficiency issues. In addition, the new resources made available through TANF have enabled a number of states and localities to provide a range of supportive services for families involved in the TANF and child welfare systems. These blended approaches provide promising examples of ways that systems can work together to support families in meeting their goals.

A third influence in recent years has been the growing evidence of the importance of prevention and early intervention in

healthy child development. Findings in infant brain development have demonstrated that brain development happens rapidly and extensively from birth to age 3 and that early childhood experiences determine the basic organization of the child's brain and influence how it will function for life. (Missouri Department of Social Services, 1999; Shonkoff & Phillips, 2000). In addition, researchers have documented that the early care and education of infants and young children can materially influence whether a child matures into a contributing, well-adjusted adult (Carolina Abecedarian Project, 1999; Shonkoff & Phillips, 2000).

The dissemination of these findings has resulted in greater awareness among decisionmakers and the public at large regarding the importance of providing children with a loving, stable, and stimulating family environment right from the start. To some extent, this awareness has translated into additional funding for prevention and early intervention programs and has provided renewed interest in parent support and early childhood programs.

Moving to a Community, Neighborhood-Based Approach to Supporting and Strengthening Families with Children

Family-centered services have expanded beyond the early theoretical frameworks. Now, in addition to working with the family system to improve parenting and increase child safety and well-being, attention is being given to the context that families find themselves in—their neighborhoods and communities—and how the community can be mobilized to support and strengthen families. This move in the direction of an inclusive, participatory approach to supporting families and protecting children is an affirming one. It recognizes what is already working well in families and communities and is consistent with the recommendations of a number of national groups in the last decade.

As early as 1991, the National Commission on Children recommended a comprehensive community-level approach to

strengthen families. The commission urged that programs and services for vulnerable children and families be restructured to include three complementary approaches:

- promoting child development and healthy family functioning through locally controlled and coordinated community-based family support networks that offer access and referrals to a broad range of services;
- assisting families and children in need, to strengthen and preserve families that seek help before their problems become acute; and
- protecting abused and neglected children through more comprehensive child protective services, with a strong emphasis on efforts to keep children with their families or provide permanency for those removed from their homes (National Commission, 1991, p. xxxi).

In 1993, the U.S. Advisory Board on Child Abuse and Neglect called for a neighborhood-based child protection strategy that

- focuses at the level of suburban neighborhoods and rural communities,
- builds social and economic supports for families and children at the neighborhood level, and
- makes widely available both formal and informal services based on the principle of voluntary help by one citizen for another (p. 18).

P.L. 103-66 further promoted the concept of a community approach to family support and preservation by requiring states and eligible tribes to engage communities in identifying needs and planning for the types of supportive services that would be most helpful to families and children. State and local efforts to build a community approach to supporting families and protecting children, while still in progress, have demonstrated ways to involve citizens and community groups in family support and child protection. These family- and community-based efforts share numerous core values:

- Children need safe and stable families to grow into healthy, well-functioning adults.
- The community should support families in caring for their children.

- The community has the responsibility to intervene when a child is at risk of harm.
- Family supports and services should be nearby and responsive to the linguistic, cultural, and religious needs of families.
- Services should be based on the strengths as well as the needs of individual families.
- Partnerships within the community should be characterized by open communication and the sharing of information, decisions, and resources by the public child welfare agency with consumers, community groups, and other provider agencies (adapted from Barth, Goodhand, & Dickinson, 1999).

In sum, efforts to support and strengthen families with children are increasingly linked to, and often directly sponsored or shaped by, the communities and families themselves. Thematically, these efforts are intended to

- recreate caring communities for families with children,
- expand the numbers of "eyes and ears" looking after children and families,
- identify and build on the strengths of families and of natural helpers, and
- develop more participatory approaches to service delivery at several levels, including involving consumers and community members at every point in planning and implementation and "bringing more people to the table" (e.g., schools, law enforcement, health practitioners, community groups, private business) to generate and carry out solutions for children and families.

Programmatically, the family- and community-based approach includes:

- a range of supports and services available to all families, not only those experiencing severe crises or difficulties;
- both formal and informal supports and services, including natural helpers;
- access to culturally appropriate parenting education services, primary health care, high-quality child care, early childhood education, parent support centers and

groups, social and recreational activities, income support and advocacy, information and referral, and housing services;

- a particular focus on those services that ensure the healthy development of children before birth and in the first few years to ensure that children get a good start in life; and
- an array of culturally relevant supports and services for those families who are experiencing extra challenges and whose needs require more intensive or more specialized help, including in-home aides/homemakers/home visitors, specialized child day care, family-centered casework services, respite care, child protective services, substance abuse treatment services, intensive and family-centered crisis services, out-of-home care services, and reunification and permanency planning services.

The Role of the Child Welfare Agency in Ensuring Supportive Services for Families with Children

To move to a family- and community-based service approach requires a shift on the part of child welfare agencies, particularly those agencies charged with protecting children. No longer can it be assumed that the child welfare agency has sole responsibility for handling child abuse and neglect and related family concerns. Instead, the agency must take a facilitative, leadership role in promoting community-wide concern and support for families in caring for their children. Child welfare agencies should

- advocate for improved conditions for families and for the creation and expansion of prevention, early intervention, and developmental services that can support families before a severe problem or crisis develops;
- work in partnership with other service agencies, community groups, tribal councils, schools and school-based programs, consumers, and others to identify the

strengths and needs of children and families in communities and to design, provide, and evaluate services;

- recognize and support the positive things that are already occurring in the community;
- promote the development of the supports and services needed to support families with children;
- recruit, hire, and promote individuals from the communities served, and locate staff in the community served;
- involve family and community members, including those that represent the diverse cultural groups in the community, in all aspects of service planning, delivery, and evaluation; and
- enlist informal helpers, family members, and others in the community to play leadership roles in a community-based approach to supporting families.

The Enhanced Role of Informal Helpers in Supporting Families

A final theme of this new approach to supporting and strengthening families grows from a renewed valuing of all those who can contribute to a child and family's well-being. The core message of this theme is one of shared leadership and shared helping. Agencies are looking to a variety of individuals and institutions to help families and children and expanding their notion of "helping" to include informal and unconventional approaches. The family support movement, as well as self-help efforts in indigenous communities in this country and abroad, highlight the importance of informal helpers in providing culturally consistent support and assistance to families.

Many family support programs include volunteers or paid staff who are consumers and members of the community. Consumers can play a large role in planning for and delivering supportive services. In addition, those community members who are sometimes referred to as "natural helpers" serve as an important bridge to families. Families look to them and are generally

not threatened by them when help is offered. Finally, family interventions such as family group decisionmaking call on extended family members, kin, and others in the community to join with a family and child welfare staff in addressing family support, child protection, and permanency concerns.

Scope of the Standards

CWLA's *Standards of Excellence for Services to Strengthen and Preserve Families with Children* describe a continuum of supports and services that should be available to all families to assist them in protecting and caring for their children. The continuum includes prevention and early intervention services as well as services for families experiencing additional challenges or crises.

These standards employ a dual focus. They describe a generic practice approach to assisting children and families, known as family-centered practice, then present three specific service strategies that can assist families in supporting and nurturing their children:

- family resource, support, and education services;
- family-centered casework services; and
- intensive family-centered crisis services.

Common to family-centered practice and to each of these service strategies is the belief that children's needs are usually best met within their families and communities and that by working with families, we are most likely to achieve the best possible outcomes for children.

Chapter 1 describes the family-centered practice approach, including the values and essential components of family-centered practice and services. Chapters 2, 3, and 4 examine the three service strategies listed above; Chapter 5 describes the administrative aspects of family-centered services; and Chapter 6 addresses the important role of the community in supporting and strengthening families with children. The standards are intended for a broad audience, including public and private child welfare agencies, family support agencies, administrators, legislators, educators, community members, consumers, family members, and all others concerned with building and maintaining healthy children, families, and communities.

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Family-Centered Practice and Family-Centered Services

Goals

I. Family-centered services enhance the capacity of families to provide care and protection for their children.

II. Family-centered services focus on the needs and welfare of children within the context of their families and communities.

III. Family-centered practitioners recognize the strengths of families and of individual family members and build on these strengths to achieve optimal outcomes for children and youth.

IV. Family-centered services place families at the center of their own assessment and service planning process. To the greatest extent possible, families create the agenda for change while the worker plays a facilitative and resource-providing role.

V. Family-centered services recognize and promote the key role families play in the design and delivery of services in their communities, including the active participation of families in needs assessment, service

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planning and design, service delivery, oversight, and evaluation.

VI. Family-centered practitioners deliver services in a culturally competent manner, providing services that are respectful of and compatible with the cultural strengths and needs of the children and families served.

VII. Family-centered practice with families is not limited to particular settings or programs. Rather, it engages families throughout child and family service programs to strengthen parenting, prevent unnecessary placement, enhance reunification, and ensure other timely and sound permanency options for children, when needed.

This chapter presents family-centered practice, a generic practice approach that can be used to assist families with children in a variety of programs and settings across the service continuum. It also describes the common characteristics of family-centered services, a constellation of services that employ a family-centered practice approach.

Family-Centered Practice

1.1 Definition and purpose of family-centered practice

Family-centered practice is a way of working with families, both formally and informally, across service systems, to enhance the capacity of families to provide care and protection for their children. It focuses on the needs and welfare of children within the context of their families and communities. Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes for children and families.

1.2 Importance of families to children

Family-centered practice begins with the assumption that families are always important to children and that by supporting families and working with them, workers can achieve positive outcomes for children. This approach values the role of par-

ents and other family members and joins with them in promoting growth and development and addressing issues of concern.

1.3 Definition of *family*

In family-centered practice, *family* is defined broadly and includes birth families, blended families, kinship families, foster families, and adoptive families.

Core Values of Family-Centered Practice

Family-centered practice is based on these core values:

- Children thrive in healthy, stable families and communities.
- Parents want to be successful and effective parents.
- Parents and the family as a whole are respected as partners.
- Family strengths are identified, valued, and actively utilized.
- The family's power to change and to successfully care for its children is enhanced.
- Supports and services are tailored to the family's needs and strengths as identified by the family.
- The focus of any intervention is to assist families in being safe, healthy, and connected.
- Families are viewed as part of a community and culture.
- The family's culture and perspective are recognized and valued.
- Supports and services should be least intrusive in meeting the family's needs.

1.4 Goals and outcomes of family-centered practice

Family-centered practice should promote the primary goals of child welfare—child safety, permanency, and well-being.

The desired outcomes of family-centered practice and services include:

- safe children, families, and communities;
- families that stay safely together and have supportive connections in the community, including their cultural community;
- permanent families and lifelong relationships for children;
- children who are healthy physically and emotionally and who are meeting developmental and educational milestones;
- families that can nurture and support their children;
- families that contribute to their communities; and
- communities that value and invest in the well-being of children and families.

1.5 Key themes of family-centered practice

Family-centered practice promotes the safety and well-being of children and families through a respectful, culturally competent, strengths-based approach, dedicated to supporting, preserving, and reunifying families and, when necessary, building new families for children.

Family-centered services help families by

- supporting families in their efforts to care for or be a primary resource for their children, including teaching parenting and family lifeskills, counseling, and advocating for families;
- stabilizing families in times of crisis, enabling families to manage their daily lives and remain safely together or stay connected;
- reunifying families—bringing together children and families who have lived apart in ways that best meet the child's and family's needs and capacities;
- reconnecting families that are living apart but can benefit from being in a relationship;
- helping families to heal—creating opportunities for children and families to overcome past harms and losses, close developmental gaps, strengthen cultural connections, and bring closure to questions about the family's future;

- building families—both formal and informal—for those children whose families are unable to be full-time parents and for those youth for whom birthfamilies and extended families are no longer available;
- connecting families to resources that will sustain them in the future; and
- advocating for improved social and economic conditions for families and children.

1.6 Key characteristics of family-centered practice

Key characteristics of family-centered practice include (a) working with the whole family, including extended family members and others important to the family; (b) working primarily in the family's home and community; (c) empowering families to take charge of their lives; (d) building on family strengths and cultural ties; (e) practicing cultural competence; (f) performing participatory assessment, planning, and decisionmaking; (g) practicing reciprocity, teaming, and collaboration; (h) sharing information regarding resources and parenting practices; (i) helping families to feel more hopeful, to believe that change is possible, and to feel that they can have control over their circumstances; (j) increasing the capacity of families to advocate for themselves and to use community resources effectively to handle future challenges; (k) involving consumers in all aspects of service assessment, planning, and evaluation; (l) addressing concrete needs; and (m) confronting difficulties in an honest, respectful way (see 1.8–1.20).

1.7 Working with the whole family

The family-centered practitioner should work with the whole family, as defined by the family.

As defined by the family, the *whole family* may include the parent or parents, other caregivers, siblings, and extended family members, as well as other individuals who are important to the family. In some family-centered programs, however, the *primary* contact will be with the parents and child, such as when a family is participating in a parent-child play group at the local family resource center.

Particular attention should be paid to involving fathers and paternal family members, whenever possible. Frequently these family members are not included, yet often they can serve as a source of support to the parent and child or, if needed, as a placement resource for the child. In some circumstances, such as cases involving domestic violence, inclusion of family members must be guided by a careful weighing of any potential safety risk, and clear ground rules and safety precautions must be in place.

1.8 Working primarily in the family's home and community

The family-centered practitioner should work primarily in the home of the family, or at another convenient and comfortable location within the community.

Bringing support and assistance to the family's home or community lets the family know that the service is intended to be flexible and responsive to the family's needs and conveys the agency's commitment to partner with the family in addressing the family's issues and concerns.

Meeting in the home helps the practitioner to become acquainted with the family in its own milieu and to more fully understand its daily life experience. It also provides an opportunity to meet extended family members, neighbors, and community members who may serve as family resources.

Family members benefit from meeting in the home by having the opportunity to immediately practice new techniques and to receive counseling and coaching from the worker on parent-child interaction, behavior management, family communication, and problem solving.

Some family-specific circumstances may call for a neutral setting, such as when families are experiencing domestic violence. In addition, the location of services should be guided by the family's wishes.

At all times, the practitioner should consult with the family regarding the location of service and the inclusion of family members and others, and should respect the family's confidentiality so long as it does not conflict with child protection concerns.

1.9 Empowering families to take charge of their lives

The family-centered practitioner should take a facilitative role in helping family members determine their own goals and a timeframe for their achievement, make decisions about their own service needs and priorities, and take the actions necessary to achieve their goals.

In the case of families who have reluctantly agreed to services, the practitioner should help the family assess the options, and take the steps necessary to enable them to manage their own affairs without agency involvement in the future.

1.10 Building on family strengths

The family-centered practitioner should emphasize the assessment and identification of areas of strength in the family, in addition to the challenges the family is experiencing.

Family members who can recognize and appreciate their strengths and competencies are more likely to feel hopeful and confident that they can solve their own problems.

A strengths-based approach is based on these principles:

- People, regardless of their difficulties, can change and grow.
- Positive changes and healing occur when a family's strengths, not its weaknesses, are engaged.
- The family is the agent of its own change (no one else can do it for them).

1.11 Culturally competent family-centered practice

The family-centered practitioner should strive to be culturally competent and to ensure that the services that are provided to children and families are respectful of and compatible with their cultural strengths and needs.

Culture is a constantly changing, learned pattern of customs, beliefs, values, and behaviors that are socially acquired and transmitted through symbols, rituals, and events, and that convey widely shared meanings among the culture's members. Culture includes gender, age, sexual orientation, ur-

banity or rurality, ethnicity, values, personality, marital status, and job position.

Cultural competence is the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions, in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each. It is a continuous process of learning about the differences of others and integrating their unique strengths and perspectives into our lives. Cultural competence is a vehicle used to broaden our knowledge and understanding of individuals and communities (Child Welfare League of America, 2002).

A culturally competent worker is able to give assistance to clients in ways that are acceptable and useful to them).

Culturally competent agencies and practitioners are able to view a family's strengths and needs within a cultural context and integrate what they know in helping the family to develop a meaningful plan of action. Cultural competence is a skill learned by the individual and the organization, fostered out of a commitment to provide services that are culturally appropriate and that make a difference in the lives of individuals and families.

1.12 Participatory assessment, planning, and decisionmaking

The family-centered practitioner should ensure that the family is a full partner in identifying needs, strengths, resources, and issues of concern; in developing goals and a service plan, if needed; and in making decisions about the children.

Families are experts on themselves and their children, and their own best source of information and problem solving. To the greatest extent possible, the family should own the assessment and service plan, be in charge of its implementation, and be the primary evaluator of its success.

Safety concerns for the child or other family members should be addressed fully. If the agency must act to protect a child,

such actions should be taken—when feasible—with the family's full knowledge and participation.

1.13 Reciprocity, teaming, and collaboration

The family-centered practitioner should take a partnership role with the family, sharing the work that needs to be done, and should invite others involved with the family, either informally or in a professional capacity, to be part of the team, supporting and working in concert with the family.

Roles and responsibilities should be well-defined and revisited as needed.

In family-centered practice, people are valued for what they can contribute to addressing family issues and concerns. Nontraditional, unconventional solutions are encouraged, so long as they support the family's efforts to protect and care for the children.

1.14 Sharing of information

The family-centered practitioner should make information available to the family, in the family's primary language and at a reading level that is easily understood, to assist the fmimly in addressing issues of concern or simply to enhance parenting efforts.

Too often, families lack the information they need to effectively manage their own affairs or meet their children's needs. Families may need information concerning

- community supports and services available to them;
- how to access resources and services, including eligibility requirements;
- any expectations of the family;
- child development and parenting information;
- their legal right to complain, even about workers;
- the cultural norms, rules, and laws in the community; and
- how public, legal, and judicial systems work (see also 5.19).

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Conversely, workers can learn from families. By conveying an interest in the family and the family's interests, the worker can learn how to more effectively assist the family.

1.15 Giving families hope

The family-centered practitioner should, first and foremost, help the family feel hopeful about its ability to successfully care for its children, manage its own affairs, and make a contribution to the community.

Too often, parents who are inexperienced, poor, or faced with multiple challenges feel overwhelmed and hopeless. By focusing on the family's strengths and resources, helping the family prioritize and set realistic expectations, and helping the family experience small successes, family-centered workers can impart hope to the family.

1.16 Increasing the capacity of families to advocate for themselves and to use community resources effectively to handle future challenges

The family-centered practitioner should assist the family in developing the skills needed to obtain needed resources.

In addition to helping families become familiar with local resources, practitioners should assist parents in building skills and confidence in interacting with service providers. This may include:

- accompanying the parent to appointments;
- partializing the tasks associated with participating in a service, such as planning transportation, anticipating costs, arranging child care, and so forth;
- coaching the parent through telephone contacts;
- rehearsing in-person contacts;
- advocating for services or other assistance;
- removing obstacles to receiving services; and
- obtaining language translation or interpretation.

By involving parents directly in the development and delivery of family-centered services, the agency provides opportunities for parents to assume responsibility and further develop their leadership skills.

1.17 Involving consumers in all aspects of service assessment, planning, and evaluation

The family-centered practitioner should ensure the involvement of family members in all aspects of services.

Family members may be involved in

- assessing the need for services;
- identifying strengths and resources within the family and community;
- playing a clear role in service planning;
- delivering services by taking on the roles of worker, paraprofessional, lay helper, cotrainer, and so forth;
- evaluating the effectiveness of services at the individual case and program levels;
- recommending improvements in programs and services; and
- overseeing service planning and delivery as members of agency governance and advisory boards.

1.18 Addressing concrete needs

The family-centered practitioner should address the concrete needs of families early in the relationship.

Before families can focus on issues such as parenting, communication, and relationships, basic concerns regarding food, shelter, income support, and health need to be addressed. This may involve helping families to obtain food stamps or health care, enroll in a training program, or obtain reliable child care. Linking families to community-based resources and locating informal supports, such as neighbors who can help out, are also part of addressing concrete needs.

1.19 Confronting difficulties in an honest, respectful way

The family-centered practitioner should be straightforward with the family and direct about difficulties or challenges that are presented. In particular, the family-centered practitioner should address child safety issues without hesitation in a nonjudgmental way.

Full disclosure must be exercised with families, so that no hidden agendas exist between the worker and family regarding possible future actions, such as removal from or return of the child to the family. Being "family-centered" does not mean doing whatever the family wants or overlooking behaviors or conditions that threaten the child's safety. Rather, the goal of family-centered practice is to engage the family in arriving at a safe, lasting solution to the issues that brought the family to the agency's attention.

Roles in Family-Centered Practice

1.20 Role of the extended family, kin, and informal helpers

The family-centered practitioner should view all family members, including maternal and paternal relatives, fictive kin, and informal helpers, as important resources and sources of support for the family, and the practitioner should consult with the family regarding who should be included in family meetings, assessment and planning sessions, and other contacts with the family.

Using tools such as an ecomap or genogram, the worker can assist the family in identifying family members and others who can serve as resources for the family. This provides an opportunity to explore untapped resources, as well, including paternal and maternal family members.

1.21 Role of the practitioner and formal service providers

The family-centered practitioner should respect the dignity of all family members and should view family members as partners in supporting and strengthening the family and in addressing issues of concern.

The practitioner should recognize and acknowledge that the family has expertise—knowledge, understanding, and information—about its members and its functioning.

The practitioner should assume the role of facilitator, acknowledging that the power for change lies within the family itself. This posture encourages family members to expe-

rience their own power rather than see it only in terms of outside sources.

The practitioner should use full disclosure with family members, advising them of any court or agency requirements, timelines, and expectations to which they need to respond.

1.22 Role of the community, including the family's cultural community

The family-centered practitioner should be familiar with the communities in which he or she works, knowledgeable about the communities' resources, able to assist in developing additional needed resources, and comfortable connecting with community organizations and providers.

Taking cues from the family, the practitioner should explore informal sources of support and assistance for the family, including cultural and faith-based activities and helping approaches, and should actively seek and develop community- and neighborhood-based supports and involvement according to family needs (see Chapter 6).

Family-Centered Practice Methods

The family-centered practitioner should use all appropriate social work methods in providing family-centered services, including casework, family therapy, group work, family and child advocacy, crisis intervention, and community development and organization.

In many situations, particularly family-centered casework services, casework will be a principal method used. This includes interviewing techniques and the use of the casework relationship. Family-centered practice methods also include direct intervention—counseling the family and individual family members, facilitating family meetings or family group conferences, and conducting family mediation.

The use of social support methods is particularly appropriate in family-centered services. These include teaching, modeling, coaching, and providing concrete resources and guidance to help parents and caregivers understand child

development and behavior, and supporting them in anticipating and coping with the stresses, crises, and joys of childrearing and family life.

1.23 Engaging the family

The family-centered practitioner should begin the process of supporting and assisting the family by establishing a trusting relationship with family members.

In family resource and support settings, such a relationship may develop over time. The parent may connect first with other parents, then gradually seek out or be open to a relationship with staff.

In more formal service settings, the practitioner should focus on engaging the family from the start.

In either case, engagement is the prerequisite to helping the family to achieve its own goals. Key elements of engagement include:

- listening to each family member;
- demonstrating respect and empathy for family members;
- developing an understanding of the family's past experiences, current situation, concerns, and strengths;
- responding to concrete needs quickly;
- establishing the parameters of involvement with the family;
- being aware of one's own biases and prejudices;
- validating the participatory role of the family;
- being consistent, reliable, and honest; and
- demonstrating respect and empathy.

Family Assessment

Formal assessment typically occurs with families that are experiencing challenges in parenting and in need of early intervention services. A comprehensive assessment may not be needed and often is not formally conducted in family-support settings (see Chapter 2). In all settings in which

support and services are provided, however, the practitioner must help the family assess whether and what type of help is needed, what strengths and resources the family has to build on, and what needs to happen next to assist the family.*

1.24 Purpose of family assessment

The family assessment should assist the family in identifying its strengths, needs, and current resources that will affect its ability to achieve and maintain safety, permanency, and well-being.

The assessment can help determine

- what assistance the family is seeking, if any;
- the safety of children and of all family members;
- the family's strengths, competencies, and resources;
- the family's needs and concerns;
- the family's cultural and community ties;
- how the family is coping with current challenges, including physical or mental conditions that may affect the family's coping ability;
- what services the family has received in the past and what has been most helpful;
- how the family has been successful in resolving issues in the past; and
- what services the family is currently receiving and what would be most helpful to the family at this point.

1.25 Approach to family assessment

The family-centered practitioner should view the family assessment as a process that is (a) ongoing, beginning with the first contact with the family and continuing throughout the helping process; and (b) flexible, taking a number of forms and occur-

* This section describes family-centered assessment as applied across program areas and settings. As the specific nature of assessment varies by program and families served, specific assessment considerations are described in Chapters 2 through 4.

ring in a number of venues, but always with the family at the center of the assessment conversation.

The practitioner should listen to family members to learn not only what their concerns are, if any, but what has worked well for them, how they have solved problems in the past, and what dreams and goals they have for themselves and their children.

Extended family members, kin, and others identified by the family should be included whenever appropriate in identifying family strengths, needs, and resources.

1.26 Scope of family assessment

The family assessment should flow from the "need to know," that is, to the greatest extent possible, the family should direct the assessment by indicating what concerns it has and what kinds of support or assistance it is seeking.

The assessment may be limited to collecting the information needed to assist the family in accessing concrete services. If the family is in serious crisis or child safety concerns are present, a comprehensive assessment may be needed. In either case, the assessment should

- focus on the family's strengths, needs, resources, and challenges;
- identify any individual concerns that need to be addressed, including safety concerns;
- focus on solutions;
- connect to outcomes, that is, what the family wants to see happen, what the agency or court expects for the child;
- reflect the family's culture and community; and
- include the observations of family members, kin, and others identified by the family as having something important to contribute.

1.27 Assessment methods

The family-centered practitioner should be skilled in interviewing techniques and have the tools necessary to assist the family

in assessing its strengths, needs, and issues of concern. The assessment methods and tools used should be guided, to the greatest extent possible, by the stated needs and interests of the family and be consistent with the overall service goals of safety, permanency, and well-being. The assessment should be participatory in nature, with parents and other caregivers taking the lead, and should take place primarily in the family's home or community.

Assessment methods may include:

- conversing and interacting with the family together and individually,
- interviewing the family and others,
- observing the family,
- performing active listening,
- holding family meetings and family group conferences,
- collecting information provided by the family and others, and
- assessing the family's home environment.

Others involved in the assessment should include extended family members and kin, as identified by the family, and other professionals, again, at the family's invitation, or, when applicable, those who have a mandated relationship with the family (child protection workers, probation or parole officers).

1.28 Assessment process and content

The family assessment should focus on process as well as content.

Process includes nonverbal behavior, interactional patterns and emotions that lead to a particular statement, behavior, or action. *Content* consists of what family members say. It includes facts about problems and situations the family is facing.

By observing family interactions, workers can glean information about family strengths and challenges. The manner in which family members speak to each other—the tone of voice; the expressions; the various emotions, such as joy, sadness, and anger; and the way these emotions are com-

municated—are all sources of information about the family's interactions. The worker can share these observations in a respectful manner with the family to help family members understand and address interactional patterns that may be impeding their progress toward goals they want to achieve.

1.29 Use of self

The family-centered practitioner should be aware of his or her own attitudes and feelings toward a family and should use this awareness as a barometer in interactions with the family and in assessing the family.

The practitioner's own attitudes and beliefs about families often can influence the way he or she reacts and behaves with a given family. These attitudes and beliefs may influence the practitioner's ability to see strengths in the family or difficulties the family is facing. Either can impede the family's progress. The practitioner should use supervision and consultation to address potential attitudinal barriers that may relate to racial, cultural, religious, gender, or class differences, or to his or her own life experiences.

The practitioner's feelings in working with a family also provide important assessment information. These feelings may need to be shared as a way of surfacing important issues. How the practitioner experiences a family member or family interaction can be similar to the way that others experience them and can relate to the difficulties that the family is experiencing. On the other hand, the practitioner's feelings may not be reflective of the family's difficulties, but something that he or she brings to the situation. The expression of the practitioner's own feelings with the family can be a powerful tool for helping him or her and the family to see the situation from a new perspective and make any needed revisions to the assessment and service plan.

1.30 Assessment tools

Assessment tools should assist the practitioner and family in gaining an enhanced understanding of the family's strengths and needs, address the stated concerns of the family, be comfortable for the family to use, and build the family's capacity to

assess its own strengths, resources, needs, and concerns.

Although assessment approaches vary by setting, in general, the practitioner should be familiar with and skilled in using standardized tools for assessing

- child and family safety,
- risk of harm to the child or other family members in the future,
- child and family development,
- family strengths and resources,
- the family's culture and community, and
- the capacity of the family to protect and nurture children over time.

In addition, the practitioner should be familiar with and have access to standardized tools to assess the presence of substance abuse, domestic violence, or other issues that may affect the family's ability to safely care for its children, and to assess if the child or other family members have educational, emotional, or health needs that should be addressed.

Family-Centered Service Planning

This section describes family-centered service planning as applied across program areas and settings.* Formal service planning occurs when a family has come to the attention of the child welfare system or a family services agency through a child protection report or as a result of a voluntary request for assistance. In family-support settings, plans are more likely to be developed, either formally or informally, when the parent identifies the need to do so. For example, a parent may ask for help in parenting an active toddler or may seek assistance in obtaining job training.

1.31 Identifying support/service goals

With the assistance of the family-centered practitioner, the family should identify its own service goals, based on its stated

* Program-specific planning and service delivery considerations are described in Chapters 2, 3, and 4.

needs and interests as described in the assessment, and consistent with the overall service goals of safety, permanency, and well-being.

The practitioner should assist the family in identifying goals that are solution focused, behaviorally specific, measurable, realistic, achievable, and time limited.

The practitioner should help the family describe in concrete terms what will be different as a result of achieving the goals.

1.32 Developing a service plan

With the assistance of the family-centered practitioner, the family should develop the service plan.

The service plan should be written and should include:

- goals to be accomplished;
- interim steps for reaching each goal;
- resources to be provided by the agency, family members, other agencies, or community organizations;
- responsibilities of the worker, family members, and others participating in the plan;
- frequency, duration, and intensity of services;
- timeframes for completing specific tasks and achieving goals;
- timeframes for reviewing progress toward goal achievement;
- how goal achievement will be celebrated;
- follow-up or alternative steps that should be taken if goals are not achieved; and
- a crisis plan for the family, should it be needed, including plans for respite or emergency care.

Care should be taken to ensure that the plan builds on family strengths, provides hope for the family, and identifies culturally relevant resources and strategies for the family.

Family meetings and formal family group conferences are an excellent means of assisting the family in developing a plan that will make sense for the family and make use of informal and culturally relevant supports and resources.

Family-Centered Service Delivery

1.33 Working with the family to achieve the plan

Through frequent, planned contact with the family, the family-centered practitioner should assist the family in achieving the goals and objectives of the service plan. In addition, the agency should offer or assist the family in accessing a range of supports and services for the family.

Supports and services should be selected based on the family's service plan. They should be responsive to the needs, strengths, and culture of the family, not based on availability of service. Activities, which vary by program, may include direct services, case management services, and parent and community leadership development (see Chapters 2, 3, and 4).

Practitioner activities may include, but are not limited to

- assisting the family in identifying and accessing services;
- helping to access transportation and child care so that the parents can participate in services;
- assisting with other concrete needs such as food, housing, and income support;
- providing information on child development and parenting;
- providing direct assistance such as counseling and family mediation;
- helping build parenting and daily living skills;
- assisting the parent in building supportive connections with other parents, extended family, and supportive groups in the community; and
- conducting family sessions.

To work effectively with the family in family-centered casework and intensive, family-centered crisis services—conducting the initial or ongoing assessment, evaluating progress, problem solving, or addressing specific challenges—the practitioner should conduct family sessions. The goal of each session should be to minimize family conflict, enhance the chances of family members staying connected, increase positive feelings, improve the ability of

family members to solve problems on their own, and improve family functioning (Berg, 1994).

The session may be brief—an hour or less—or longer, depending on its purpose. Some sessions are impromptu, for example, occurring while the worker is visiting in the home. Sessions frequently are planned, however, with a specific purpose in mind. Family meetings and family group conferences can require extensive preparation time and planning with family members, in addition to several hours for the session itself.

In general, family meetings should include all relevant family members. When all members cannot or will not participate, however, the worker can use techniques such as relationship questions to bring the missing family member's perspective into the discussion (Berg, 1994). In addition, the practitioner should

- be clear about the focus of the session, building on the family's strengths, who is most willing to help, what the family wants to see happen, and what the first step is for those present;
- maintain a neutral position during the family session by seeing the value in each participant's point of view;
- respect the parental role, conveying that the practitioner wants to support the family members in parenting more successfully and understanding the difficulties of their job;
- establish personal contact with each person by asking what his or her interest is, what he or she does that is fun, what he or she is good at, and so on, thus conveying to them that the practitioner is interested in each as a person;
- assist the family in controlling the flow of conversation, minimizing noise and disruptive interaction for the session to be useful; and
- assist the family in controlling intense emotions by conveying the message that a central goal of the family session is to elicit cooperative feelings, not incite negative feelings.

1.34 Monitoring and evaluating progress

The practitioner and family should frequently revisit the goals of the service plan and evaluate whether progress is being made.

Specifically, the practitioner and family should ask:

- Are parents, caregivers, and child or youth making progress toward the desired goals?
- What smaller steps or milestones have been achieved?

Mid-course corrections in the plan should be anticipated and made as needed to ensure that services are meeting the needs of the family and that goals can be achieved.

Family members, informal helpers, and service providers should be involved in monitoring and evaluating progress, including, as appropriate, their participation in periodic family meetings or family group conferences.

1.35 Concluding services

The decision to conclude services should be made as part of an active process of evaluating progress with the family. In general, services to the family should be concluded when the family has successfully met its goals.

The length of service should be determined by the needs of the child and family and the family's progress in achieving desired goals.

The agency should respect the family's pace in using the supports and services, consistent with the overall service goals of child and family safety, permanency, and well-being. If the agency has a prescribed time limit for receipt of services, and the family requests or requires additional services, arrangements should be made to ensure the continuation of needed services and supports.

At the conclusion of services, the practitioner, informal helpers, and other providers should help the family celebrate its successes and accomplishments. Contingency plans should be made to assist the family in handling future challenges and to address any remaining issues or concerns.

Consistent with family-centered philosophy, practitioners should continue to help the family move toward managing its own affairs, with support. The family should be assisted in maintaining and building on its positive connections with extended family members and other individuals and organizations in the community to ensure continued support. In addition, family members should be assisted in moving into mentoring or leadership roles, building on their own experiences to provide support and assistance to other parents, youth, and caregivers.

Family-centered programs should provide opportunities for follow-up with families through such regular events as "family nights" at the agency, peer support networks, parent newsletters, or other means of giving families a chance to share how they are doing or just stay in touch.

Family-Centered Services

Family-centered services, a constellation of services that employ the family-centered practice approach, are provided in a number of settings and meet a variety of family needs. They may be formal or informal and are provided under the auspices of a child welfare agency or many other organizations and groups, including service agencies, schools, neighborhood associations, and faith-based and civic groups. Family-centered services can and should be provided to children and families across the child and family service continuum. For purposes of scope and economy, however, this volume describes best practices when children are at home with their families or when family reunification is the goal. Although a multitude of programs and interventions exist, services can generally be grouped as follows:

- family resource, support, and education services,
- family-centered casework services, and
- intensive, family-centered crisis services.

Specific services and unique features of these groupings are described in Chapters 2, 3, and 4. The remainder of this chapter focuses on service characteristics and practice methods common to all family-centered services.

1.36 Characteristics of family-centered services

All family-centered services should strengthen the capacity of parents to care for and protect their children and promote the family's capacity to manage their own lives. They should be accessible, individualized, available to those who voluntarily seek help as well as those unable or unwilling to ask for assistance, and time limited.

1.37 Service accessibility

Services should be easily accessible to the family and family members.

Accessible services are

- provided in a timely manner, e.g., providing an immediate response if immediate safety concerns are present;
- flexible, including evening and weekend hours;
- provided in the family home or community, and at times convenient to the family;
- culturally relevant and provided in the family's own language; and
- inclusive of child care and transportation assistance

1.38 Individualization

Services should be flexible and tailored to the needs, strengths, and resources of the family. Agencies and organizations providing support and assistance to families should provide or arrange for a range of options for families, including concrete assistance and informal support as well as more traditional services.

If the agency does not provide a service needed by the family, the practitioner should take responsibility for locating the needed service and linking the family to the service.

Agencies should explore collaborative and cross-system approaches to service delivery, such as co-location of services, pooled funding, joint case plans, and community collaboratives or partnerships that respond in a holistic, individualized way to families. By asking families what they need and identifying resources, including cultural resources,

providers of family-centered services can help families develop a supportive network that includes both formal and informal sources of help.

1.39 Outreach

Services should be made available not only to those who voluntarily seek help but also to those who initially may be unable or reluctant to ask for assistance and to people who may feel coerced into services to prevent further actions, such as removal of their child from the home. Family-centered service providers should reach out to families in a way that normalizes the giving and receiving of assistance, conveying the message that all families can benefit from support and that families can learn from one another.

1.40 Time limited

With the exception of family support and education services, which may be ongoing, services should focus on the achievement of family goals that can be met within a specified time period.*

Service effectiveness and the need for continued services should be reviewed frequently.

1.41 Participating families

Services should be available to a range of families across a continuum of needs and interests. Families participating in family-centered services do so for a variety of reasons to address a variety of issues or concerns. Families may access family centered services

- as part of a particular community—for example, they live in a neighborhood that has a family resource center or provides school-based services;
- as part of an identified group that may have a greater need for supportive services, such as teen parents or parents of young children with special needs;

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* Program specific timeframes are described further in Chapters 3 and 4.

- because of an identified need, such as concerns about potential child maltreatment, parent-youth conflict, a parent's temporary inability to care for a child; or
- through the child welfare system, when receiving protective services, or when the child is in kinship, foster family, group, or residential care.

1.42 Common elements of family-centered services

Because family-centered services are varied and geared to addressing a variety of child and family needs and circumstances, a number of service elements should be considered in delivering family-centered services.

Services elements may include, but are not limited to:

- parent and youth leadership development;
- peer support activities and groups;
- health and developmental screening;
- respite care for parents and caregivers;
- assistance with concrete needs, such as help with housing, food, and transportation;
- employment assistance and training;
- counseling;
- traditional cultural practices;
- advocacy;
- adult education or educational opportunities for children and adults;
- nontraditional activities; and
- information and skill-building experiences for parents in areas such as child development, family budgeting, stress management, health, lifeskills, and nutrition.

The family-centered approach organizes services around individual families, helping to access any support or service that family members need to assist them in competently and confidently caring for their children.

2

Family Resource, Support, and Education Services

Goals

I. Family resource, support, and education (FRSE) services provide timely and accessible information, support, and skill-building opportunities to families in their own communities in ways that are most useful to them.

II. Families play an essential role in the design and delivery of FRSE services, including actively participating in needs assessment, service planning and design, service delivery, oversight, and evaluation.

III. FRSE services provide supportive and educational services to families in a manner that is respectful and compatible with the cultural strengths and needs of the children and families served.

IV. Through their participation in FRSE services, families achieve increased self-sufficiency and competence.

V. FRSE services strengthen the capacity of families to participate in the development and life of the community, thus enhancing overall community well-being.

2.1 Definition

FRSE services are community-based services that assist and support parents in their role as caregivers, with the goal of promoting parental competency and strengthening family life, leading to healthy child and family development.

2.2 Goal of FRSE services

FRSE services sustain and enrich the capacity of parents to protect, nurture, and care for their children.

Specifically, FRSE services seek to

- supplement family and community efforts to ensure children's optimal physical, emotional, intellectual, and social development;
- assist parents in making the best use of available resources for maintaining family life and carrying out their parental responsibilities;
- influence positively the quality of relationships among all members of a household, including relationships between parents and their children and between families and their communities;
- assist families in coping with the challenges and stresses of child rearing;
- promote the healthy development and maximum competence of children and families, and ameliorate those conditions that prevent optimal development;
- assist families in staying together safely or in achieving optimal family connections when staying together is not possible;
- assist families in achieving greater self-sufficiency and in confidently managing their own affairs; and
- provide parents with the skills and knowledge to be effective advocates for themselves, their children, and their communities.

2.3 Participating families

FRSE services should be available to all families who meet the general characteristics established for program participation.

FRSE services may be directed to all families with children, or to a group of families with common characteristics.

Programs may be designed to serve parents with children younger than a certain age or to serve adolescent parents.

Programs should not differentiate among parents on the basis of factors that may have the potential for labeling or stigmatizing them, for example, designating a group of parents as high-risk.

2.4 Approach to services

FRSE services should incorporate the values described for all family-centered services (see 1.4). In addition, they should reflect certain premises about how they can best be provided to enhance parents' abilities and to promote healthy parent-child development.

FRSE services should

- reflect a belief that basic support should be available to families at all stages of their development, along a continuum of supports and services;
- build parental capacity and competence in many areas, as parents are most likely to become better parents if they feel capable in other important parts of their lives, such as in jobs, in school, and in their interpersonal relationships.
- encourage participation by offering activities in which parents want to participate;
- affirm the culture and traditions of the families served;
- be embedded in the community, looking to family members as resources and leaders as well as participants in services;
- be planned in full cooperation with participants;
- reflect a relationship between the participants and the program staff that is based on mutual respect and cooperation;
- be collaborative and comprehensive in approach because the needs of families, by nature, are diverse and multifaceted; and

- be flexible, adapting to the changing needs and capacities of participants.

Those providing services and directing policy should reflect the particular culture and traditions of the participants.

Responsiveness to Community and Participant Needs

FRSE program design and format should be shaped by, and responsive to, the needs and interests of participating families; have the capacity for evaluation and refinement; be well-adapted to the community in which it is located; and be able to assure the delivery of essential services.

2.5 Program design and format

FRSE program designs and formats can and should vary depending on the families in need of support, the nature of the community in which the program is located, and the resources available to the community.

Many programs are drop-in locations in which, alongside more structured activities, unstructured interaction among participants is a prominent feature. Other programs are center or work based, but rely on more prescribed activities and limited program hours.

Some programs emphasize home visits rather than center- or work-based activities. Home visiting enables programs to reach parents who might not otherwise participate, allows the services to be tailored to the participants' needs, and can deliver services within the familiarity of the home environment.

Some FRSE programs combine center-based or work-based program components with home-visiting services to maximize the advantages of both.

Program facilities should complement program design as much as possible. Furthermore, center-based FRSE programs should be located in places that are conducive to group activities (in a neighborhood center, place of worship, work-

place, or school, for example). Agencies should develop or partner with range of organizations that can provide a comfortable and convenient setting for FRSE services.

Out-of-home care agencies may enhance their work with the families whose children are in placement by including an FRSE program to strengthen the parent-child relationship and support the family's efforts to achieve lasting reunification.

2.6 Ensuring community input into program design and evaluation

FRSE programs should be shaped by the nature of the community in which they operate and by the expressed priorities of the parents in those communities.

To obtain information about community and neighborhood needs, an FRSE program should consult with parents and children from all parts of the community as well as other agencies and community/business groups. The consultation may be done with individuals, in small groups, through neighborhood organizations, or in community forums. To the extent possible, FRSE programs should also draw on and analyze data about the community and its trends through demographic and census reports, community mapping, and other data sources.

2.7 Role of parents in program design

FRSE program participants should take a leadership role in designing, revising, and maintaining program activities, and in determining the manner in which those activities will be conducted.

Services should include parent leadership and participation on advisory committees, participant forums, surveys, suggestion boxes, and individual discussions.

Procedures should be established to obtain participants' observations and measure parent satisfaction regarding all elements of a program, including its setting, location, format, and the types and usefulness of its activities, and to engage participants in revising the program, as necessary.

2.8 Role of community advisory boards in program design

Before implementation, FRSE programs should develop a community advisory board or call on an existing community committee or board that can provide ongoing recommendations about how the activities can best reflect the needs of the community.

The advisory board should ensure an ongoing community role in the program's development and in maintaining the program's responsiveness to community needs. The advisory board may also disseminate information about the services to potential participants and other agencies and institutions, and advocate in behalf of families for necessary community resources and services.

In addition to including program participants, the advisory board should be broadly representative of community interests and should include representatives of businesses; public and private health, mental health, education, and social services agencies; religious and civic organizations; government; and neighborhood residents.

FRSE Services

2.9 Range of support

FRSE programs should include a range of supportive services for parents and their children.

2.10 Informal support

FRSE programs should promote informal, friendly interaction among participants and between participants and staff members to facilitate acceptance and support. The setting, activities, and staffing of FRSE programs should play a significant role in maximizing the opportunities for informal, nurturing interactions among all those involved in the program. The program should include linkages to natural helpers, building on natural helping networks whenever possible.

To encourage informal interaction and support, programs should offer

- a comfortable, homelike environment with refreshments, with seating areas and space designed for informal conversation;
- a staff that is committed to the goals of the program, welcomes all participants (new as well as regular participants), is sensitive and sympathetic to the needs of both parents and their children, and is skilled in communication, problem solving, group process, and fostering the self-esteem of participants;
- an activity schedule that encourages unstructured interaction and conversation as well as more formal, structured activities; and
- home visits for families that are new to the community, new to parenting, or unable to participate initially in center-based activities.

2.11 Peer support groups and peer counseling

FRSE programs should facilitate the development of peer support groups, through which parents can share experiences, successes, and frustrations related to the many areas of their lives, as well as gain insights into other parents' methods of carrying out their child-rearing responsibilities.

Many of the benefits derived from FRSE programs are the direct result of the interactions that occur among participants. These interactions build parents' self-esteem, provide new knowledge about other styles of parenting and problem solving, impart child development and parenting skills, and provide the basis for continued friendships among participants.

Programs may want to organize groups around a wide range of participant interests. The groups may be either time-limited or ongoing, and be facilitated by either a staff member or participant.

2.12 Recreation services

FRSE programs should consider recreational activities to provide opportunities for participants to develop new interests, learn new skills, and simply enjoy themselves.

Recreational programs are especially important in communities where recreational opportunities are limited or inaccessible.

In addition to providing relaxing and stimulating experiences, recreational activities provide opportunities for parents to meet new people, get to know one another, and share new experiences.

Recreational activities should be designed for both fathers and mothers, and, when indicated, extended family members. Activities should be planned to be of interest to a wide range of participants, should include parents and children in common activities, and should be scheduled when parents and children can take best advantage of them, including evenings and weekends.

Recreational activities may include observance and celebration of special occasions, field trips to places of interest to parents and their children, picnics, athletic events, and a variety of special interest clubs. FRSE programs should encourage participants to provide leadership in these activities and to enhance them by including their own cultural and ethnic customs and traditions.

2.13 Early developmental screening

FRSE programs should consider providing early and continuing developmental screening of infants and children to reinforce healthy child development and identify potential development problems or delays.

FRSE programs should have staff experienced in assessing child development, including assessment of different ethnic and cultural milestones.

All program staff members should have an understanding of child development, including cross-cultural and ethnic differences, and be aware of the signs that may indicate potential developmental problems.

Parents should be directly involved in the assessment of their children whenever possible. If a developmental problem is identified, it should be addressed through the program.

If further, more intense consultation or treatment is needed, the FRSE program should help make the necessary referrals and follow-up in partnership with the parents.

2.14 Enhancement of child and youth development

FRSE program activities and settings should offer a range of developmentally appropriate activities for children and model appropriate adult-child interaction.

A primary reason that parents participate in FRSE programs is to learn about child development and childrearing. Programs should provide a range of educational materials and resources to meet the needs of the families served, including:

- informal parent education opportunities tailored to parents' expressed interests and desires,
- formal opportunities for parents to learn from staff and other parents,
- models of healthy parent-child/parent-youth relationship, and
- opportunities to talk with parents regarding child development.

2.15 Parent education

FRSE programs should develop parent education services around the common needs of the participants, and these services should encompass a range of approaches, from formal instruction and self-development programming to informal parenting education and the modeling of healthy parent-child interaction.

Formal parenting education services should be well-planned, structured, and offered either in a central program location or in participants' homes. Group leaders should be knowledgeable about child development and possess a broad repertoire of practical knowledge about raising children. In addition, they should be responsive, empathetic, and culturally competent.

Informal parenting education should take place routinely during the day-to-day interactions among participants and staff members. The program environment should encourage this process by providing age-appropriate toys and equipment for the children, and pamphlets, brochures, posters, videotapes, and other materials about parenting that are written in the participants' native languages and in a style that is easily understood by them. Informal opportunities should be created to model and teach child-rearing skills.

2.16 Child care services

FRSE programs should consider providing developmentally appropriate child care services for children while their parents are participating in program activities (see *CWLA Standards for Day Care Services*, 1992).

Quality child care services can provide a stimulating environment that enhances social, educational, emotional, and physical growth. The services promote the improvement of parenting skills by providing opportunities for parents to participate in the program with their child and observe the other parents and staff members interacting with the other children.

Child care services should be delivered by trained individuals experienced in early childhood education, or by child care workers under the supervision of an individual with training and experience in early childhood education. Both staff members and participants, however, may be used as role models to demonstrate appropriate parent-child interaction and relationships that promote growth and development.

Child care providers should receive supervision and opportunities for professional growth through ongoing evaluation and in-service training.

2.17 Home visits

FRSE program staff should consider visiting the homes of participants to strengthen the informal relationships between participants and staff and to assist the parents in structuring a safe, caring, stimulating home environment for their children. FRSE program staff should not visit the homes of participants against the wishes of the parents.

The time spent in the parents' own environments can help facilitate

- the building of stronger relationships between staff members and parents,
- the informal assessment of the health and well-being of children in their own environment,
- the identification of family strengths, and
- the identification of family or individual needs for special support.

FRSE programs that serve young parents may elect to begin home visits prior to the birth of a child to develop a relationship, or as soon after the child's birth as possible. This will enable FRSE staff members to help young parents adjust to their new caregiving responsibilities and to ensure that the family is aware of and connected to necessary supportive resources.

2.18 Referral and linkage to appropriate resources

FRSE programs should consider assisting families in obtaining health care, including reproductive and mental health, social services, educational services, employment, and other services they may need by referring them to appropriate resources and following up to ensure that those services have been received.

FRSE program staff should be knowledgeable about available resources to effectively match agency services with families' needs and to avoid making unnecessary or unproductive referrals. They also should know the mandatory reporting laws in the state in which they practice and be familiar with available culturally specific services, resources, and activities. The process of making referrals should be accompanied by efforts to help parents obtain the skills necessary to make connections with agencies on their own and to use services constructively to meet their own needs.

FRSE program staff should follow up on all referrals, either with the parent, with the agency, or both, to determine if the services were appropriate and helpful.

2.19 Outreach

FRSE programs should engage in outreach in the communities they serve to ensure that parents are aware of and have full opportunities to participate in program activities.

When initiating a new program, FRSE programs should begin by notifying the entire community of the new program. Outreach approaches—whether by staff members or community residents—may include:

- recruitment at local schools, religious organizations, and other local organizations and functions;

- media coverage;
- developing relationships with hospitals and birthing centers; and
- developing relationships with the local child welfare agency and other child- and family-service agencies, including agencies serving diverse cultural, ethnic, and racial groups and tribal communities.

2.20 Education and job skill development

When participating parents or youth express an interest in completing their education, obtaining employment, or upgrading their job skills, FRSE programs should assist them to return to school, enroll in a general equivalency diploma (GED) program, or develop more marketable skills.

FRSE programs can assist participants to further their education or gain desired job skills in many ways. In some instances, referral to community agencies may be sufficient. For other participants, the program staff may arrange for those services to be provided directly as part of the FRSE program.

For example, the FRSE program may arrange for education or training programs to be provided by other agencies at the program site. This may increase the likelihood that participants will become and remain involved in these activities.

Alternatively, if parents' expressed needs for such programs are strong and no other agency is meeting them, the FRSE staff may want to develop and administer these programs directly.

The optional activities that FRSE programs may want to consider in response to participants' educational and employment needs are GED, English as a second language, and literacy programs; tutoring in employment skills; employment orientation programs; and job referral and placement.

Alternatively, programs may organize their job training activities around a specific business enterprise, known as microenterprises, employing or providing training opportunities for participants in various ca-

pacities and giving them hands-on experience in developing or staffing a small business.

2.21 Specialized services for young parents

FRSE programs that offer services for young parents should provide, or obtain through interagency agreements, the core FRSE services, as well as those services that address the unique developmental needs of young parents. FRSE programs should give particular attention to engaging young parents prenatally and involving young fathers (see *CWLA Standards of Excellence for Services for Adolescent Pregnancy Prevention, Pregnant Adolescents and Young Parents*, 1998).

Specialized services for young parents may include:

- education and discussion groups on sexuality and sexual responsibilities;
- referrals for reproductive health care;
- assistance in returning to school or enrolling in a GED program;
- services that explore how to increase life options;
- tutoring and homework assistance;
- involvement of extended family members and significant others;
- job orientation and training;
- parent-child interaction groups;
- groups for both females and males, including young fathers;
- discussion groups on personal growth and development; and
- services that support cultural identity and ties to ethnic communities.

2.22 Specialized services for kinship caregivers

FRSE programs should consider providing specialized services for kinship families to assist them in providing a safe, permanent, and nurturing environment for the children in their care (see *CWLA Standards of Excellence for Kinship Care Services*, 2000).

Specialized services for kinship families may include kinship care resource programs within neighborhoods to provide prevention and early intervention services, such as:

- self-help groups, support groups, information and referrals, recreational programs, and social activities;
- personal safety and family life programs to address teen pregnancy, substance abuse, domestic violence, HIV/AIDS, and school issues for children and kinship families;
- preventive health care, home visitation, and quality, affordable child care;
- public education campaigns that supply information on kinship care family issues;
- opportunities for kinship caregivers to share with other members of the community their talents and expertise; and
- assistance in meeting basic needs, including food, clothing, housing, and financial assistance.

FRSE Programs as Part of the Broader Continuum of Services to Children and Families

Child welfare agencies should support and promote FRSE programs as part of their responsibility to facilitate a community-wide approach to supporting and strengthening families with children.

Child welfare agencies may choose to affiliate with, fund, or operate FRSE programs as a means of enhancing their own service offerings and providing additional support to families. These supportive services can be used to prevent families from becoming involved in the formal child welfare system and to help families to reunify after a child has been in out-of-home care.

FRSE services may also be provided to families identified by the child welfare system to strengthen the family and provide a safety net for the children. At a minimum, child welfare agencies should have strong linkages to FRSE pro-

grams, so their workers can easily connect families with the supportive services they need.

2.23 Role of the child welfare agency in supporting and promoting FRSE programs

FRSE programs should establish working relationships with child welfare agencies and with other organizations that serve children and families to assist in coordinating the broadest and most effective array of services to strengthen and preserve families with children:

- FRSE programs can be made available to families receiving intensive, family-centered crisis services so that when that service ends, the family will already be connected to an ongoing, supportive program.
- FRSE programs can be provided to families who have been reported to child protective services but for whom abuse or neglect have not been substantiated. This ensures that the family has an opportunity to connect with a supportive program, where unmet needs can be identified and addressed and potential safety concerns can be monitored.
- FRSE programs can serve as a resource for families whose children are in out-of-home care and who can benefit from assistance with parenting, child care, employment, and other issues that they need to address to successfully reunify with their children.

2.24 Relationship of FRSE programs and other child- and family-serving agencies

FRSE programs should give special attention to establishing linkages with schools to ensure that the regular and special education needs of the children they serve are met, with mental health agencies to ensure that families with emotional issues can be served, with employment and training programs to better meet families' income needs, with child care providers to assist families with child care needs, and with housing and shelter programs to assist families with housing needs.

3

Family-Centered Casework Services

Goals

I. Family-centered casework services provide timely, individualized support and assistance to families that are experiencing challenges that may threaten family stability.

II. Families play an essential role in the design and delivery of family-centered casework services, including actively participating in needs assessment, service planning and design, service delivery, oversight, and evaluation.

III. Family-centered casework services are provided to families in a manner that is respectful of and compatible with the cultural strengths and needs of the children and families served.

IV. As a result of their participation in family-centered casework services, families are able to address parenting and family concerns and are competently managing their own affairs.

V. Through their participation in family-centered casework services, families have increased self-sufficiency and are able to use community resources and supports.

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3.1 Definition

Family-centered casework (FCC) services encompass the range of activities to assist families with children to address challenges that may threaten their family stability. These activities include, but are not limited to, in-home services, case management, counseling, education and skill building, advocacy, and the provision of concrete services such as food, housing, or health care.

3.2 Purpose

FCC services promote the protection, well-being, and healthy growth and development of children by helping their parents improve their parenting abilities and achieve a nurturing and stable family environment.

3.3 Families served

FCC services should be provided to families, including birth-families and kinship, foster, and adoptive families, experiencing difficulties that may threaten their child's safety and well-being or the stability of the family.

FCC services can assist families experiencing a range of challenges, including but not limited to

- a family emergency that threatens family stability, such as eviction, a shutoff of utilities, homelessness, lack of food;
- family violence, including child abuse or spouse or partner abuse;
- child neglect;
- placement of the child or children in out-of-home care, when the goal is reunification;
- parent-child conflict;
- substance abuse;
- parental incarceration;
- parental limitations, including intellectual, emotional, or physical challenges, or being very young
- reunification with children in placement; and
- developmental or life-stage challenges, such as aging parents or caregivers caring for adolescents.

3.4 Casework goals

FCC services should be directed at sustaining, strengthening, and enriching the capacity of parents to meet the requirements of parenting while assuring the safety of all family members.

More specifically, the focus of FCC services may include any or all of the following objectives:

- providing families with the information and skills they need to manage their own affairs successfully, consistent with child safety and well-being;
- assisting parents cope effectively with the challenges and stresses involved in the growth and rearing of their children;
- helping parents make the best use of available resources for maintaining family life and carrying out their parental responsibilities;
- preventing, changing, or alleviating specific health, educational, or social obstacles to the child's growth and development;
- preventing the separation of children from their families or working closely with families toward their timely reunification with their children; and
- identifying and advocating ways to overcome community conditions, such as poor or inadequate housing, health, and social services, substandard schools, and so forth, that are harmful or limiting to children and their families.

Assessment and Service Planning*

3.5 Purpose of intake

The agency** should use the intake process to determine whether FCC services are appropriate to the family's needs.

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* See also Chapter 1.

** Unless otherwise stated, *agency* refers to public or private child welfare agencies or other organizations providing family-centered services, including community-based organizations providing family resource, support, and education services.

During the intake process, the worker should:

- demonstrate concern about the child and parents, and the agency's readiness and competence to provided the help required;
- obtain the information necessary to determine what services are needed and how they can be obtained;
- clarify for the parents and children what kind of help is available, how the service is provided, and what the requirements are for using the service, such as regular interviews and fees;
- make preliminary recommendations regarding type, intensity, and length of service; and
- discuss parental rights, including confidentiality and agency responsibilities, should services be provided.

3.6 Beginning the intake process

The agency should begin the intake process when a child, parent, or caregiver requests help from the agency or is referred for services.

3.7 Approach to intake

The family-centered worker should conduct the intake process in a manner that is respectful of all family members and that promotes each member's ability to take control of their own lives.

The worker's ability to engage the family during the initial intake process is key to the success of the service. The process of engagement should begin with the first contact with the family, whether by phone or in person. The worker should begin by asking the family when and where a visit would be most convenient and should encourage family members to identify their own needs, strengths, issues of concern, and service priorities (see 1.24).

3.8 Immediate, short-term service goals

Following the assessment, the family-centered worker should work with the family to establish immediate, short-term goals

that respond to the family's immediate needs, including child and family safety.

Short-term goals are:

- Time-limited: The family should be able to achieve the goals within the timeframe set for the provision of the service.
- Related to the primary needs and concerns expressed by the family and to any identified risk factors: The goals should address the issues that are mutually identified and agreed on as contributing to the crisis the family is experiencing and the risk to family stability.
- Quickly achievable: In achieving its short-term goals relatively quickly, the family should gain the self-confidence to work on more complicated issues.

3.9 Additional service goals

Building on the initial and ongoing assessment, the worker should help the family set additional service goals to address less tangible and more complicated issues than can be addressed in the short-term.

Such issues may restrict the family's capacity to promote the well-being of all family members and enhance the development of its children.

These additional goals should also help the family actualize its hopes and dreams, building on progress made to help the family take additional steps toward competence and self-sufficiency.

3.10 Arranging and providing services

FCC service components should include both direct services and case management.

3.11 FCC direct services

As part of the FCC service, the agency should make an array of direct services available to families, either individually or in combination,

3.12 Counseling services

Counseling services may include individual, couple, family, and group counseling. Typically, counseling should involve the following steps for the worker and family members: establishing a trusting relationship, assessing the need for change, developing and implementing strategies for making those changes, evaluating progress, modifying strategies and goals as needed, celebrating progress, and ending services.

3.13 Concrete services

Concrete services may include cash grants; vendor payments; basic necessities such as food, clothing, shelter, and fuel; linkage to employment or training services; and consultation and referrals to community service agencies that provide extended supplementary aid. The worker should be able to make available or purchase these and other concrete services, such as transportation and child care, to help stabilize and maintain the family.

3.14 Advocacy

The worker should provide the family with information about the services available in the community and help the family access these services. The worker should assist the family in building its own advocacy skills so family members are better able to advocate for themselves and negotiate with bureaucracies and service systems to obtain needed help.

In addition to providing advocacy for individual families, the worker should advocate broadly for the needs of all children and their families. From their work with individual families, FCC workers are well positioned to communicate with a variety of audiences about the needs and concerns of children and their families, and recommend ways that these needs can best be addressed at the community, state, and national levels.

3.15 Education and skill-building

The social worker, often with the help of an in-home aide, should support the family in acquiring new knowledge and skills in parenting, family interaction, and household management, as needed. This may involve developing skills in com-

municating, disciplining without using corporal punishment, and budgeting. If more formalized education or training is needed to increase a parent's options for employment, the worker should help the family locate and obtain appropriate educational or job-training services.

3.16 Modeling and coaching

To assist the family in developing new skills, the worker should model positive communication, behavior management, and problem solving for the family. In addition, the worker should assist the family in a focused way to practice these approaches and techniques, as needed, until family members have increased comfort in and success with them.

3.17 FCC case management services

As part of the FCC services, the agency should provide case management services, including screening and assessing the needs of the child and family; developing the service plan, linking and referring the family to appropriate resources to support service plan goals, monitoring the coordination and service delivery of referrals and the family's progress toward planned goals, advocating in behalf of the family with other systems, concluding the case management service when the family has met desired outcomes and direct services are in place, and following up to ensure that the family has maintained the desired level of functioning.

3.18 Screening and assessment

The worker should document intake information and eligibility, conduct face-to-face interviews with the child and family, and gather historical information and evaluations from previous and current service providers such as schools, courts, and medical and mental health practitioners.

3.19 Developing the service plan

In a face-to-face interview with the child and family, the worker should assist them to identify the goals that best serve their

needs and specify in measurable, realistic, and achievable steps the actions to be taken by direct service providers, the FCC case manager, and the child and family. The service plan should include the frequency and duration of services, with targeted completion dates. The client and family's strengths should drive the service planning session and formulation of specified interventions as much as possible.

The service plan should be reviewed frequently and updated as needed when a family completes or adds a new service goal. The case manager, child and family, direct service providers, and other stakeholders should be involved in this review. The service plan should be signed off by all members of the team, especially the family and case manager.

3.20 Linkage and referral

The worker should connect the child and family to appropriate services to ensure the success of desired outcomes. This includes contacting referral sources in the community to ensure availability of the direct service and a goodness of fit between the family's need and the service. The case manager should coordinate such linkage from the time of referral to service delivery between the family and the direct service provider.

3.21 Coordination, monitoring, and evaluation

The worker should coordinate service delivery between involved service providers to further the progress of the family, avoid duplication of services, and facilitate a team approach. Timeframes should be established for the periodic review of how adequately the services are meeting the family's needs and the family's progress. The review should determine if changes in the service plan are needed, if the goals should be revised, or if timeframes should be modified.

The worker should help the family monitor and evaluate the services it is receiving for appropriateness, frequency, value, and progress toward service plan goals. The family should be present at any meetings of service providers in which the provision of services to the family is being discussed.

3.22 Concluding services

Case management services should be concluded when the child and family have met their individualized service plan goals.

Workers should be working with the child and family toward ending services throughout the service period. Workers should prepare all forms, documentation, and records for conclusion of the case.

The case manager has responsibility for coordinating the conclusion of services with direct service providers, school, courts, and all involved service providers.

Recommendations for services after conclusion of services should be clearly outlined and should include specific information about community resources on which the family can call.

3.23 Follow-up

The case manager should conduct a follow-up survey within 30 days of conclusion of services to review child and family functioning, satisfaction of current services in place, and action taken or needed for recommended services. Further follow-up may be determined by the family's need or contractual requirements.

3.24 Relationship of FCC services with child protective services, intensive family-centered crisis intervention, and out-of-home care services

The agency providing FCC services should work cooperatively with child protective services (CPS) and out-of-home care services.

In some instances, families will be referred from CPS or intensive family-centered crisis services to FCC services. The FCC worker should establish goals with the family, in collaboration with the referring service worker, and the family's progress in achieving them should be reported to the referring worker or agency within established time frames.

3.25 Responding to concerns regarding abuse or neglect

The FCC worker should make a referral to CPS if he or she finds evidence of abuse or neglect, or if the safety of the child cannot be reasonably assured.

The FCC worker should coordinate the provision of services with CPS while continuing to work with the family. If the parent will not or cannot participate in services, the worker may need to end services and request full CPS involvement.

If an out-of-home care placement is needed, the FCC worker may continue to work with the family to prepare them for reunification. If reunification is not possible, the FCC worker can assist the family and out-of-home care worker in exploring and planning alternate forms of permanency, including adoption and guardianship.

3.26 Establishing guidelines for communication between FCC and child welfare services

Guidelines or protocols for communication should be made between FCC services, CPS, and child welfare services, as well as guidelines for case documentation for those families receiving court-ordered services.

4

Intensive Family-Centered Crisis Services

Goals

I. Intensive, family-centered crisis (IFC) services provide timely, individualized crisis intervention, support, and assistance to families who are experiencing crises or challenges that threaten family stability, child safety, or well-being.

II. IFC services are specifically targeted to families needing a quick, intensive response to issues that place them at risk of serious family disruption, including placement of their children outside the home.

III. Families play a key role in the design and implementation of their own service plan, including actively participating in an assessment of their needs, strengths, and resources; developing and working on their service plan; evaluating their progress and the effectiveness of services; and planning for their transition to less intensive services.

IV. IFC services are provided to families in a manner that is respectful of and compatible with the cultural strengths and needs of the children and families served.

V. As a result of their participation in IFC intervention services, families are stabilized, their children and

other family members are safe, they have addressed pressing parenting and family concerns, and they are no longer at risk of serious family disruption.

VI. As a result of their participation in IFC intervention services, families have increased self-sufficiency and they are able to use community resources and supports to prevent or address new difficulties or crises.

IFC services are valuable for families in crisis, when the child's removal from the home is imminent or likely, when there threats to safety exist, or when reunification of the child and family is being considered. These intensive crisis services share the values, goals, and basic practice principles of family-centered practice described in Chapter 1. IFC services also include elements that are unique to this service strategy.

4.1 Definition and purpose

IFC services are short-term, home-based services provided to families in serious crisis with the goal of protecting the child, strengthening and preserving the family, and preventing unnecessary out-of-home placement of children or promoting the return of children temporarily in out-of-home care.

IFC services are purposely time limited (normally no longer than 12 weeks) and intensive in nature (up to 20 hours per week spent with the family).

4.2 Goals of IFC services

IFC services are intended to ensure the safety of children and families; to preserve the family, if possible; to improve the child's physical and emotional well-being; to improve family functioning for those families whose children are at imminent risk of placement; to prepare the family for an out-of-home placement, if appropriate; or to facilitate the return of a child in out-of-home care.

The goal of preserving or reunifying the family can best be accomplished through the following:

- *Stabilizing the family.* IFC services should help families take the steps necessary to ensure that all family members are safe, develop and test a safety plan that includes contingency plans for care and protection of their children and other vulnerable family members, assist the family in obtaining safe housing, and address other urgent needs.
- *Giving families the tools they need to provide care and protection for their children.* IFC services should provide families with basic child development information and assist families in developing child care, communication, and positive discipline skills. The information, skills, and confidence families gain from practice will enable them to effectively nurture, teach, and discipline their children within a safe environment.
- *Improving child and family functioning.* IFC services should assist families in obtaining and managing the resources necessary to sustain them and help them to develop skills for handling crises, developing supportive relationships, and achieving their personal goals.
- *Building family connections.* IFC services should help families connect with support networks that may include the extended family, kinship ties, neighbors, and other community resources, and build on and strengthen those connections. Workers can help families strengthen ties to culture and community, identify community resources, and access those resources.

4. 3 Participating families

IFC services should be targeted to families in crisis, including families struggling with problems that threaten family stability, those in which a decision has been made by an authorized agency to place a child outside the home, and those whose children are in temporary out-of-home care with a goal of reunification.

IFC services are appropriate for families being served by social service, juvenile justice, or mental health systems. Adoptive or foster families facing potential disruption also are appropriate participants in this service.

Characteristics

IFC services share the same characteristics as other family-centered services. They are accessible, flexible in relation to family need, comprehensive, and home-based; they promote family competence; they focus on strengths; and they use an array of service strategies. IFC services, however, are delivered in a more intensive and targeted manner than other family-centered services, focus on families at greater risk of disruption, and are short-term in nature.

4.4 Criteria for service

Agencies should develop clear criteria for determining which families should receive IFC services. Such criteria typically include the imminent risk of placement of the child, other factors that threaten child or family safety, and the planned return of the child to the family from out-of-home care. Where there is an imminent risk of placement of an American Indian child, IFC services should adhere to the ICWA requirements as applicable.

Participation in IFC services is typically voluntary, although families may feel they have no other choice if they want to prevent separation of the child from the family.

IFC services are designed to use the crisis of imminent risk of placement, other threats to family stability, or the opportunity of the child returning home to assist family members in addressing immediate safety concerns and stabilizing their situation. Because IFC services are intensive, they are not appropriate for families with concerns that do not threaten family stability. Criteria for selecting families include but are not limited to:

- A representative of an agency legally authorized to make placements has filed a petition for the removal of the child from the home to foster care, residential group care, psychiatric placement, or juvenile justice placement.
- Immediate and serious harm to the child is likely to occur.
- The child is at immediate risk for placement, as determined by a representative of a legally authorized agency.

- The reunification of a child in out-of-home care with his or her family is planned.

4.5 Twenty-four hour availability

IFC services should be available to families 24 hours a day, seven days a week.

4.6 Service intensity

IFC service caseloads should be kept low to allow for an intense level of interaction between worker and family, and to provide maximum monitoring for safety.

Intensity and flexibility are crucial to the monitoring required to ensure the safety of family members. The number of service hours should decrease as the family achieves its goals and experiences success in addressing safety and parenting concerns.

The intensity of interaction between worker and family is an important consideration in the selection, supervision, and support of IFC workers. Workers must have the personal qualities, training, and support to maintain frequent and ongoing contact with families. Because of their low caseloads, IFC workers have the opportunity to truly work with families. This requires that they have the skills to do "family work," i.e., conduct family sessions, help families deal with and manage intense feelings, provide direction and hope without "taking over" for the family, and model positive communication, behavior management, and problem solving.*

4.7 Caseloads

The IFC service caseload size should range from two to six families (see 5.11).

The agency should consider the addition of other team members, complexity of the family's situation, severity of prob-

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* See 5.30–5.39 for further discussion of staff qualifications, selection, training, and supervision for family-centered services, including IFC services.

lems, level of risk, availability of other services, and progress of the service in determining a reasonable caseload for this service within the two- to six-family limitation.

Two families is the optimal caseload size for an individual worker. Models that use a team approach have more service hours available and therefore may allow for a larger caseload—up to six families.

The greater the risk of harm, such as active suicidal gestures or ideation, severe neglect, or failure-to-thrive cases, the more appropriate a lower caseload becomes. A lower caseload facilitates increased accessibility of staff to the family and greater intensity of service.

4.8 Time spent directly with families

IFC service families should be seen an average of 8 to 10 hours, and up to 20 hours, per week, with workers expending a minimum of 60% of their time in direct, face-to-face contact with families.

Caseloads should be phased in so that they include a balance of cases just beginning, those in the middle, and those ending service. Some families may require considerably more time than the average, particularly in the beginning stages of working together. Families moving toward completion of services generally require a lesser service intensity than those in earlier stages.

4.9 Time limited or brief duration

IFC services should typically be provided from 4 to a maximum of 12 weeks, as determined by direct contact and contract with the family. The short-term nature of the service should be used to focus time, energy, and resources on the priority concerns that place the family at greatest risk of dissolution.

The addition of other team members, complexities of the family situation, and service goals should be used to determine the length of service required within the 12-week timeframe. The duration of service should be guided by the nature of family issues.

Services to families seeking reunification may vary within this timeframe depending on family issues and progress.

Service Delivery

4.10 Timeframe for initial determination of acceptance

After the initial screening of information regarding the family, the worker should make contact with the family and schedule a home visit within 24 hours of the referral. Immediate contact (within one hour) should be made for emergency cases. The worker should make a determination of the acceptability of the case for the IFC service program within 72 hours of the referral.

4.11 Crisis nature of IFC services

The worker and family should view the crisis precipitating the use of IFC services as an opportunity for change and for family members to evaluate their situation and decide what they must do to resolve the crisis and remain intact.

The crisis provides an opportunity for teaching the family new skills and behaviors at a time when they are most amenable to change.

Services should be concentrated at the point of crisis for a short time to provide the family with all the resources necessary to help manage the crisis. Although families working toward reunification may not appear to be in crisis in the same way as those facing removal of a child, they still face a major change and can be mobilized around that change. The worker should teach the family the skills they need to handle challenges in the future.

4.12 Safety assessment and planning

During the initial visit and in subsequent visits, the IFC worker should continually assess whether the child can remain safely in the home and if other safety concerns exist that should be addressed.

If child abuse or neglect is suspected, a CPS investigation usually takes place before the case is referred to IFC ser-

vices. The IFC assessment should determine whether IFC services can significantly reduce or eliminate risk to the child, if safety can be ensured during the service period, and how these goals can be achieved.

If at any time the child or family appear to be unsafe, the worker should help the family implement a safety plan including, but not limited to:

- providing support services and supervision;
- describing the roles that each family member, the worker, and others will take to ensure child and family safety;
- removing people from the home who threaten child or family safety; or
- moving the child or other family members to a temporary safe setting.

4.13 Limited treatment objectives

IFC service goals and objectives should be limited to addressing the issues that precipitated the request for service. Objectives for family members should be specific and measurable and determined by the family in consultation with the worker.

For many families, IFC service intervention begins a growth process that continues long after the service ends. The skills taught and the insights gained during the service period strengthen the family's ability to handle issues that will arise in the future.

Although IFC service providers may be instrumental in helping the family develop a long-term plan for services and continued change, they do not themselves deliver long-term assistance.

4.14 Range of services

IFC services should provide a mix of counseling, education, information and referrals, concrete assistance, and advocacy.

IFC services are similar to other family-centered services, but differ in their intensity and their time-limited nature.

Families have different strengths, needs, hopes, and re-

sources. A thorough, family-centered assessment and planning process should inform the selection of supports and services for the family.

Providing or brokering concrete services are essential components of IFC services. Often, concrete services will be provided first, to meet basic needs. This provides opportunities for the worker and family to gain trust. Once the family members experience concrete help, they can usually move on to address other issues of concern with the worker.

An essential IFC service is advocating for families, which includes intervening in behalf of families with other service organizations and, in particular, teaching families how to advocate for themselves.

4.15 Concluding IFC services

Disengagement—the process of ending service—should begin with the first contact with the family. Throughout the course of the service, the worker should keep the family focused on the brief time frame in which they will work together.

The worker should be working with family members toward their growing independence. Several sessions with the family should be devoted to talking about the imminent completion of services, including the possibility that the family will experience some anxiety and regression as the end of service draws near. The worker should work through fears with family members, helping them recognize their new skills for handling problems and celebrate their successes.

4.16 IFC services and out-of-home care

IFC services may be used to maintain stability and continuity for children living in foster families, group or residential care, or adoptive families.

IFC services were conceived and are primarily used to prevent unnecessary placement in out-of-home care. Not all children, however, can be maintained safely in their birth-family. IFC services can be used to assist the child and family in safely reuniting, stabilize children placed in kinship or foster care, or prevent adoption disruption.

4.17 Follow-up services

The IFC worker should ensure that the family is well-connected with appropriate follow-up services before ending the IFC service.

Some families will continue to need ongoing support for a period after IFC service ends. Although the family has weathered the crisis and remained intact, it may have only begun to work on some problems, such as substance abuse, that require continued help.

The agency should provide mechanisms for following up with families, such as scheduled three- and six-month telephone appointments; inviting families to regular agency events, such as family nights; or other formal or informal means of checking in with the family regarding their progress post-IFC services.

4.18 Successful outcomes of IFC services

The agency should consider a number of potentially successful outcomes of IFC services.

Typically, the success of IFC services is measured in terms of the family's ability to stay safely together or to reunify safely. Other, equally important outcomes of successful IFC services should be considered to best address child and family issues and needs, including improved safety of family members; enhanced child well-being; improved family functioning; and informed decisionmaking, including placement of the child outside the home, when necessary.

4.19 IFC services and assessment

The agency should consider the use of IFC services as an assessment opportunity with families.

Increasingly, IFC services are used to provide an intensive, comprehensive assessment of child and family needs, strengths, and resources. Because the IFC worker can spend a significant amount of time with the family in the family's home and community, much can be learned together with the family about what will be most helpful to them. By working intensively with the family, workers may become

aware of concerns that were not initially known, such as serious substance abuse, mental health, or family violence issues that must be addressed. The determination that placement of a family member is necessary to ensure safety or to meet specific treatment needs should not be viewed as a failure of the service, but as a response that will best ensure safety and create the opportunity for positive change.

5

Organization and Administration of Family-Centered Services

Goals

I. The agency's policies, procedures, and practices ensure that quality, culturally competent services are provided to children and families.

II. The agency develops, maintains, and updates policies, procedures, and desired outcomes that direct the social work process with families and are readily available to staff and the community.

III. The agency's staff has the resources, training, education, competency, commitment, workload, and administrative support needed to help families and the agency achieve desired outcomes.

IV. The agency hires and retains competent, qualified, culturally diverse staff to administer, manage, and deliver family-centered services.

V. The agency provides families access to support, enrichment, and intervention services that are comprehensive, coordinated, culturally relevant, competent, and community based.

VI. The agency's information management system captures the information that is important to family-centered service delivery, including tracking data on children and families, program evaluation, and fiscal management.

VII. The agency uses the information it collects to evaluate family-centered service programs, improve service delivery, and advocate for sufficient staff and fiscal support.

CWLA Standards of Excellence for the Management and Governance of Child Welfare Organizations (1996) present the management and governance components of child welfare practice that apply across the field. It is intended to serve as the primary source on organization and management for all of the CWLA program standards.

This chapter includes and expands on some of the content of *CWLA Standards of Excellence for the Management and Governance of Child Welfare Organizations* (1996) to highlight aspects of organization and management that are particularly germane to delivering quality family-centered services. Family-centered services are delivered in numerous settings—family resource and support centers, public and private child welfare agencies, community-based child and family service agencies, and others. As much as possible, this chapter takes a generic approach, describing best administrative and organizational practice across settings. Some standards, however, are specific to the child welfare agency, and are so referenced.

5.1 Providing the organizational framework for effective family-centered services

The agency's administrative structure should provide an organizational framework for delivering quality services to children and families. The agency's mission and purpose should be clearly defined and articulated to the community. The service

delivery system should be designed to meet the needs of children and families and promote desired outcomes.

To provide quality services to children and families, the agency must have

- established written policies and procedures that support the agency's mission and purpose;
- clearly defined qualifications, roles, and responsibilities for staff, board members, and volunteers;
- criteria for conducting and assigning work and monitoring staff performance;
- financial, staffing, and training resources to meet the desired outcomes; and
- community involvement and participation.

The agency should demonstrate its commitment to staff and should provide them with adequate compensation, skill development opportunities, and a supportive work environment.

The agency should hire staff that can identify and build on the strengths of individuals, children, and families, including extended families and clans.

As communities and public child welfare agencies seek to develop strong partnerships for service delivery, the administrative structures and functions of both the public and community agencies should reflect a collaborative approach to family-centered services. The public agency, in collaboration with community providers (including private child welfare agencies), tribal communities and organizations, and others, must develop a common vision and the administrative flexibility to support this partnership. Through collaboration and mutual decisionmaking, the partners can work together in meeting the safety, permanency, and well-being needs of children and families in their communities.

Agency Governance

5.2 Governance structure for family-centered services

Each agency should develop and maintain a governance structure that provides support to families, promotes the safety and

well-being of children, and provides support to its staff. Consumers, including parents and youth, should have a clear role in agency governance, providing guidance and feedback on service effectiveness and agency performance.

The governance structure for public agencies is almost always different from that of private or local community agencies or tribal governance structures.

5.3 Responsibilities of the governance structure

The agency's legislative body or board should provide a statutory or policy framework that enables the agency to effectively serve families with children.

Statutes or policies should ensure that children and families can be provided appropriate prevention and intervention services by the agency and its partners, including the courts when necessary.

The governor or appropriate elected official of the jurisdiction or the elected governing board of the private agency or organization should appoint leadership that will advocate for the needs of children and families who come to the attention of the agency. The leadership should believe in and promote the mission and goals of family-centered services.

Legislative and executive bodies should appropriate adequate resources for direct and contracted family-centered services. When funds are appropriated, agencies should be given flexibility in their use to respond to the specific needs of children and families.

5.4 Advisory structures

The agency should maintain an advisory committee that encourages and facilitates community input.

The advisory committee should

- be well-informed about the purpose of the agency and the families it serves;
- make recommendations to the agency, on a regular and formal basis, that support the agency's efforts to support and preserve families;

- be representative of the community, including families, community organizations, tribal governments, and other community groups;
- interpret the agency's mission and purpose to the community;
- assist the agency in developing staff and programmatic resources that are attuned to the racial and cultural composition of the community;
- advocate for the agency to assure the availability and receipt of sufficient resources to address the needs of the children and families served;
- keep the community informed regarding the agency's progress; and
- participate in any formal evaluation of agency programs.

Organizing and Delivering Family-Centered Services

5.5 Articulating the agency's mission and purpose

The agency providing family-centered services should have a written purpose and mission statement. The agency should involve staff and members of various ethnic and cultural communities in the initial development and subsequent revisions of the mission statement.

The agency's mission statement should:

- clearly define the mission and goals of the agency;
- be concise and reflect the importance of healthy children, families, and communities;
- delineate child safety, permanency, and well-being as the primary purposes of family-centered services;
- be shared with staff, community partners, and the public; and
- be periodically reviewed and refined, as necessary, to accurately reflect current challenges and expectations.

5.6 Identifying desired outcomes

The agency should identify and measure progress in achieving outcomes for children and families served as well as outcomes

for the service system, to document success in meeting its goals and be accountable to families and the community.

The agency should focus on results, outcomes, and quality performance.

Service outcomes should include child safety, permanency, and well-being through strengthened parenting, family functioning, and family stability.

The agency should ensure that outcomes are performance based and measurable.

In identifying and evaluating outcomes, the agency should

- ensure that the outcomes and indicators reflect the mission and goals of the agency's family-centered services;
- identify both short- and long-term outcomes and indicators for family-centered services;
- identify desirable outcomes for the child, family, and system;
- involve staff, family members, caregivers, and community partners in identifying outcomes and establishing a consensus on how outcomes will be measured;
- involve each family in the identification of outcomes for its own child;
- identify and implement the programs, processes, and operations that will help the agency meet desired child and family outcomes; and
- ensure that data, family records, and other sources of information provide the agency with sufficient information to measure outcomes.

5.7 Establishing roles in delivering family-centered services

The agency should clearly define, in writing, its roles in delivering family-centered services and in the monitoring of those services.

Services may be provided by agency staff or by contracted or volunteer community partners.

The public child welfare agency should take a more formal role when the child is in the legal custody of the state or if

there is a court order requiring continued involvement. If the public child welfare agency provides services directly to the family, it should take the lead role in service delivery.

If a referral is made to a community partner, the referring agency may need to be available for follow-up with the family and the community partner.

If multiple community agencies are providing services, one should be identified to take the lead role in service delivery.

The agency should define its staff roles based on the needs of the family and the availability of other supports within the community. In establishing roles, the agency should consider:

- the qualifications and competencies of staff who are available to deliver the service;
- the relationship of the individual or agency to the family or child;
- timeliness in delivering the service to the child or family;
- the culture and ethnicity of the family and children; and
- supervision requirements, based on who has the responsibility for front-line staff, unless there is a formal agreement for supervision by another agency.

If several individuals will be delivering services, a primary case manager should be identified by the agencies involved.

When parents or other family members contact a community organization, the role of the community organization should be a facilitative one with the family, based on the needs of the family and the availability of resources. Supports and services should be provided to prevent the family from requiring the services of the formal child welfare system. In many cases, a community agency or partner who is familiar with the family may be in the most appropriate role to help the family protect the child.

5.8 Developing and maintaining policies and procedures

The agency should develop and maintain policies and procedures to provide agency staff and community members with

information about the agency's family-centered services philosophy, mission, purpose, practice expectations, and organizational structure.

Policies and procedures should assist staff in the delivery of services and in decisionmaking, while still allowing flexibility and professional judgment when working with individual children and families.

The agency's policies and procedures should

- be developed through a strategic, planned process within the overall mission and goals of the agency;
- be written in a consistent format and made available to all community partners;
- reflect information that is culturally relevant for diverse racial and cultural groups;
- allow for input by agency staff and community and tribal partners;
- be provided to each staff member through a manual and other written communication processes;
- encompass the agency's programs and services;
- reflect best current social work practice information;
- operationalize applicable legal and regulatory requirements, while recognizing the need for professional judgment and flexibility;
- provide staff with a clear statement of their roles and responsibilities;
- be regularly reviewed and updated based on new research findings, good practice considerations, legislative action, and program changes;
- be based on desired outcomes for families and children;
- reflect the realities of the resources available to the agency and the community; and
- be available to families and the public.

5.9 Developing and using the agency manual

The agency should incorporate its legal responsibilities, policies and procedures, best practice expectations, description of available services, supervisory responsibilities, and other im-

portant information regarding family-centered services into an agency operations manual for use by staff and agency partners.

The agency should provide copies of the manual to each staff member.

The manual should

- emphasize the importance of consistent practice and lead staff to make good case practice decisions;
- be organized according to the stages of casework process and include a system for timely updating and distribution of new policies;
- incorporate the roles and responsibilities of other partners in the community and emphasize team decisionmaking;
- be integrated with information systems developed by the agency so that it can be distributed immediately upon revision;
- include all tools and forms used by staff and families in the provision of services;
- allow for staff to easily remove portions of the manual to share with families, children, and community partners;
- include supervisory expectations; and
- be consistent with any other manuals developed by the agency.

Staffing

5.10 Developing workload standards for family-centered services staff

The child welfare agency should develop workload standards for family-centered services staff based on best social work practices, staff key responsibilities, time demands, and staff-, child-, and family-specific factors.

Workload is the amount of time required to perform a specific task. The child welfare agency should develop workload standards that make it possible for staff to complete the tasks and activities that are essential to quality family-centered services. Once workload standards are established,

the agency should advocate aggressively for the resources needed to meet those standards.

In developing standards for workloads, the agency should consider

- best social work practice standards;
- each worker's level of competency, including skills and experience;
- the complexity of the needs of the children, parents, caregivers, kin, and other family members;
- the specific functions assigned to family-centered services staff, such as intake, assessment, community development, provision of direct services) and the time needed to complete each;
- the intensity of services that the agency and community considers appropriate;
- the availability of other services, such as in-home services, support groups, and paraprofessionals to help with routine case activities;
- the time required to travel;
- the number of other agencies, individuals, or services involved with the family and the amount of time required for staff to communicate effectively with other community partners;
- the amount of time the worker is expected to spend on community outreach or activities that are not tied to a specific family; and
- the time needed for agency activities such as staff meetings, professional development, and administrative functions.

5.11 Developing caseload standards for family-centered services staff

The child welfare agency should determine the caseload standard for the agency's family-centered services staff so that staff are able to provide effective services (see 4.6 and 4.7).

Caseload is defined as the number of children or families for which a worker is responsible. Caseloads are based on

the amount of time workers devote to direct contacts with clients. In determining the appropriate caseload size for family-centered services staff, the child welfare agency should consider

- the complexity of the needs of the children, parents, caregivers, kin, and other family members;
- the level of competency of each worker, including skills and experience;
- the specific functions assigned, including intake, assessment, and case planning responsibilities; provision of direct services, including counseling; and other resources and services needed by the family*;
- the intensity of services that the agency and community considers appropriate;
- the availability of other services, such as in-home services, support groups, and paraprofessionals to help with routine case activities;
- the time required for case documentation, agency activities, professional development, community outreach, and administrative functions.

In the interim, the agency should use the following recommended caseload standards. These ratios of client to staff members offer guidance based on the field's consensus of what constitutes best practice.

For family resource, support, and education services

No specific numerical standards are recommended at this time. Agencies providing FRSE services should establish reasonable caseloads for workers based on the factors previously listed and the service plan developed for a particular family.

For family-centered casework services

The caseload for family-centered casework services should not exceed 12 families per worker.

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* Caseload standards should include consideration that caseloads may need to be reduced when the Indian Child Welfare Act applies to a family and service planning requires active efforts to prevent the removal of an American Indian child.

A "case" should consist of the entire family. This requires that workers see all family members. The worker also may need to see individual family members alone or in small groups if it helps achieve the goals of the family service plan.

The majority of the worker's time should be used in direct contact with the family. Caseload size should, therefore, support the ability of the worker to spend sufficient time with families to help them achieve their goals within the time limitations of the service. Sufficient time should be allocated, per family, to allow for arranging services, case conferences, paperwork, advocacy, monitoring, and periodic reviews.

For intensive, family-centered crisis services

The caseload for IFC services should be no more than two to four families per worker or six families per worker team.

The addition of other team members, the level of complexity of the case, the severity of problems, and the duration of the service should determine what is a reasonable caseload for this service within the two- to six-family limitation. Using a team approach in staffing IFC service cases adds service hours, because team members sometimes work separately with families. For example, a parent-aide team member may meet separately with a family to teach parenting skills. The additional service time allows for more flexibility in determining an appropriate caseload within the six-family limitation.

For supervision

Supervision in family-centered services is critical to effective service delivery and staff development. The ratio of workers to supervisor should not exceed five workers to every one supervisor or three teams of workers to every one supervisor.

5.12 Staff supervision and support

The agency should provide supervision and a range of supports to its staff. The supervisor is responsible for ensuring that no harm comes to the families and children served, enhancing staff

skills in delivering services, promoting the recruitment and retention of staff, and ensuring client satisfaction and confidentiality.

Supervisors should be available 24 hours a day, seven days a week, to provide consultation and backup to line workers. Supervisors should provide for backup consultants when the supervisors are not available. Agency administrators also should be available, as necessary, to provide consultation and backup to supervisors.

Supervisors should develop and implement a consistent supervision model. Supervisors should provide an orientation period for new family-centered staff. During orientation, supervisors should provide new staff with

- the agency's mission statement and treatment philosophy;
- a job description that specifies responsibilities;
- a performance-based agreement that specifies desired results, sets guidelines, identifies available resources, and defines accountability and consequences; and
- an agency manual.

All family-centered program staff members should receive formal case consultation at least once a week. Supervisors should monitor staff performance in

- using a strengths-based model with families and children;
- empowering families to be the primary developer of the service plan goals and objectives;
- planning for and monitoring the safety of all family members;
- completing a comprehensive assessment prior to developing the service plan; and
- developing a service plan that addresses the core issues necessary to achieve the family's service goals, includes objectives and interventions that are practical steps to achieve service goals, is attentive to cultural issues, outlines permanency options for placement and lifelong relationships, and includes crisis and respite plans, individualized service plans, and community-based discharge plans.

Supervisors should be available to accompany staff on home visits, assist with any phase of service delivery, provide su-

pervision or training, assist with specific case challenges, and elicit family and child satisfaction. Supervisors should also make decisions regarding agency expenditures to families.

Supervisors should review staff case records quarterly to ensure quality practice, service goal achievement, and timely documentation.

Informal or peer consultation, as well as specialized consultation, should be available to staff as needed, to assist with assessment, planning, or modifications to service plans and for specific case challenges.

Supervisors should model strengths-based practice with strengths-based supervision by

- demonstrating respect, honesty, and ethical practice;
- identifying and acknowledging staff strengths;
- following through on decisions and support to staff;
- empowering staff to take initiative and risks;
- varying supervision procedures according to the skills of staff;
- providing an accepting, supportive, and challenging atmosphere;
- providing clear expectations and consequences;
- providing constructive feedback;
- modeling and teaching problem resolution; and
- acknowledging and rewarding successes.

5.13 Staffing family-centered services

Staff members for all types of family-centered services should be qualified and prepared to work with diverse families that have varying degrees of needs, strengths, and resources (see 5.25–5.28).

The agency should ensure that its staff meet all state regulatory and certification qualification requirements.

The agency is encouraged to meet relevant national accreditation qualifications in selecting staff.

5.14 Ensuring competent and sufficient supports and resources for agency staff

The agency should provide staff with sufficient and accessible resources.

Supports and resources for agency staff should include, but not be limited to

- sufficient staff to perform the expected duties;
- competent and trained support staff, such as paraprofessionals, clerical, and data system support;
- competent and trained consultants to assist staff with case practice, decisionmaking, mediation, and personal safety in the workplace;
- trained consultants to help staff with exploring cultural diversity issues, understanding relevant laws and policies, including ICWA, and identifying cultural and tribal resources;
- office and field equipment, accessible to all staff, including computers, cellular phones, and pagers;
- safe and available transportation provided by the agency or worker, with appropriate reimbursement;
- recognition of staff need for flexible scheduling to meet caseload demands and to balance work and personal life;
- opportunities for staff development and continuing education;
- establishment of written assurances of liability protection for staff in the conduct of their duties;
- representation and consultation by legal counsel; and
- employee assistance programs.

5.15 Ensuring adequate resources for serving children and families

The agency providing family-centered services should have in place a sound fiscal planning and allocation process, approved by the governing body, to meet the safety needs of children and

ensure their well-being, to support families, and to maximize its use of resources.

Casework and Management Information Systems

5.16 Casework and management information systems

The agency serving families should develop and maintain a casework and management information system to provide the information needed to manage and deliver quality services.

To assist families and advocate for appropriate services, the agency must have information. This information may be collected from a variety of sources, especially the family, community partners, and other public agencies.

The agency should incorporate the information it obtains at the family and system level. The agency should ensure that the technology employed produces useful, accurate information that is readily available to workers, supervisors, and managers.

Information may be compiled in a variety of systems, including computer databases, paper-based family records, case notes of staff, and limited-access administrative records. Agency policies should delineate the purpose and content of, and allowable access to, each of these records.

5.17 Management information system

The agency providing family-centered services should develop and maintain a management information system (MIS) for gathering and analyzing family service data.

The agency should collect data that will assist it in its strategic planning, service delivery, community development and needs assessment, quality improvement, staff performance review, and evaluation of family-centered service programs.

5.18 Compilation of records on children and families

Family records maintained by the agency should be concise, factually based, clearly written, and targeted to family specific

issues. They should describe efforts to ensure child safety, permanency, and well-being; be behaviorally specific; and comply with state regulations and certification procedures.

Records on families and children provide vital information that can be helpful to agency staff, families, and community partners in the provision of family-centered services.

In cases of informal services, such as FSRE services, records should include only information that is necessary to provide needed services.

In family-centered and IFC services, family records should include, but not be limited to

- identifying data on the child, parents, extended family members, and significant others;
- the source and reason for the referral, and the response of the agency to the referral;
- the results of the agency's assessment with the family of the child's needs and the family's ability to respond to these needs;
- an updated service plan that documents behaviorally specific goals and progress toward meeting those goals and describes the family's involvement in developing the plan;
- clear assessment documentation and reasons for significant decisions, including reasons for continued involvement with the family or the decision to end services;
- documentation of the activities and progress of the social worker and the community partners, and the family's interactions with and response to the agency and community partners;
- documentation that the family has been informed of the policy regarding the reporting of child abuse and neglect and regarding release of information from the record;
- information provided to the court and agencies related to the safety, permanency, and well-being of the child and the family's ability to provide for the child;

- all documents, reports, and information relevant to the services being provided;
- documentation of all consumer concerns and grievances, and their resolutions;
- documentation of contact between staff and family members, including visits, telephone conversation, and other interactions;
- documentation of all actions and decisions made by staff; and
- documentation of all relevant tribal information.

In addition, the agency should ensure that

- interagency agreements regarding the sharing of information are included in the record;
- as appropriate, supervisory and administrative guidance to staff is included in the record, written in a consistent format developed in collaboration with staff;
- a common format and recording standard that is acceptable in a court hearing is used for all records and types of services provided;
- workers are trained to access and use records, including distinguishing between fact and impression, writing in a behaviorally objective manner, and the types of information that should and should not be included in the record; and
- clear protocols are provided regarding roles and responsibilities on record development and maintenance.

5.19 Confidentiality and safeguards in the use of records and data systems

The agency should develop and maintain policies and procedures related to the sharing of information obtained during the assessment and delivery of services to families and children.

Federal and state laws provide guidelines governing the practice of confidentiality and the sharing of family record information. ICWA provides guidelines governing notice and the sharing of confidential family information with American Indian tribes.

The agency's policies should facilitate interagency collaboration and agreements and the sharing of relevant and appropriate information to protect children and provide services to families, while safeguarding the family's right to privacy.

The worker and the agency have an obligation to maintain the privacy of each family member. Information on the family should not be shared with people who do not have a need to know, including other staff within the agency.

> When working with other community partners who are providing services to a particular family, the worker should obtain written consent from the family prior to sharing information.

If state law allows for the sharing of information without consent of the family, the social worker should inform the family in writing with whom the information will be shared and why. The worker should also discuss with an age-appropriate child why information will be shared. The agency should allow parents to have access to information in their record, unless a statutory prohibition exists against sharing certain information (e.g., identifying information on the referral source).

Parents should be informed of the agency's policies and practices according to law and of their right to access and correct or clarify any information they believe is inaccurate.

The agency should establish security mechanisms to protect the integrity of paper and computer records on children and families. In addition, the agency should have security measures in place to prevent unauthorized access to other agency data systems.

Ensuring Quality

To ensure quality services, agency performance and achievement should be evaluated regularly. If workers provide quality services, they should feel successful in working with families and feel confident in their skills. If the agency provides quality programs, families and the community will be more likely to view the agency as a vital source of support and assistance.

5.20 Conducting research and incorporating it into agency practice

The agency providing family-centered services may conduct research or collaborate with universities and other agencies in research activities that evaluate the efficiency and effectiveness of its practices, services, and programs. The agency should review research findings to extend its knowledge about programs and services that enhance child safety, permanency, and well-being for children and families.

The participation of children and families in research should be voluntary. All participants should be informed of the purpose of the research.

Research conducted by the agency should

- use accepted research methodologies and be directed by qualified research personnel;
- ensure the privacy rights and protect the integrity of all families and children;
- protect the confidentiality of the children and families if the research study will consist of record review and does not require direct contact with the family or child;
- involve agency staff and community partners, to the extent possible, in the research design and implementation;
- involve families in defining the research questions and providing feedback;
- be reviewed in concert with administrative data to determine if changes in organization, programs, or structure should occur; and
- be guided by a research committee of community researchers, social workers, professors, and agency staff.

Research findings should be shared to enhance staff training, support groups for parents, and so forth. Findings should also be shared with federal, state, tribal, and community agencies so that they can benefit from and use the information to improve their systems of support to families and children.

Research should be incorporated into policy and practice development, as appropriate. Staff should be informed of the research projects and trained in the findings of agency research.

The agency should pursue public and private funds for research activities to ensure that they can be successfully completed.

5.21 Evaluating program performance and achievement of family and system outcomes

The agency providing family-centered services should regularly evaluate the effectiveness of its services in terms of quality assurance and client satisfaction.

The evaluation should be conducted by qualified agency staff or outside consultants. It should be used to assess program performance in meeting the goals and outcomes of the program.

The evaluation should be developed and implemented using a team approach that includes agency program and evaluation staff.

Although most evaluations will be planned, the agency should have the ability to formally evaluate critical incidents and respond to ad hoc requests.

The agency should assess the implications of the evaluation findings for service delivery, casework practice, program operations, and staff allocation. This is especially important if the findings indicate a need to reassign staff or financial resources. Program and practice modifications should occur when indicated by the evaluation findings.

5.22 Building and maintaining a customer service philosophy

Consistent with the principles of family-centered practice, the agency should demonstrate a strong commitment to providing services that are customer driven.

The agency should actively seek input from children and families in the design and delivery of its services and should continually gather feedback from them to improve service effectiveness and efficiency.

The agency's commitment to quality services to customers should be reflected throughout the organization and included in training curricula for workers, supervisors, and managers.

5.23 Evaluating administrative functions and operations

The family-centered services agency should regularly evaluate its operation, service delivery, and effect on families. The evaluation should be conducted by qualified in-house staff or outside consultants who are knowledgeable about child and family services.

The evaluation should include an assessment of the adequacy of

- the agency's staffing, including number and qualifications of staff members relevant to meeting the agency's outcomes;
- the agency's compliance with particular licensing or contractual obligations and accreditation standards, as necessary;
- the range of services available through the agency or community partners to meet the needs of families and children, including a utilization review of services to determine if the services are necessary and sufficient to meet the needs of children, families, and the community;
- administrative policies, procedures, and information systems;
- support services such as training, consultation, and financial management;
- cultural staffing patterns to ensure sufficient diversity among staff, consistent with the cultural and ethnic composition of the community;
- salary and other benefits; and
- the agency's involvement in the community and the ability to engage individuals from the community in the support of children and families.

The evaluation should also assess the agency's resources and whether they are being used in an efficient and effec-

tive manner. If resources are not sufficient, then the evaluation findings should be used to advocate for additional resources.

5.24 Use of the management information system to evaluate program and administrative effectiveness

The agency's management information system should contain sufficient information in an accurate and retrievable format to facilitate the evaluation of program and administrative effectiveness.

Trained agency staff or consultants should be engaged to analyze the information contained in the system.

5.25 Fiscal planning and management

The agency should have a detailed financial strategy and should carefully manage its funds to meet the most critical needs of the children and families it serves.

The agency should employ staff with the expertise to manage its resources efficiently and have in place a sound financial resource management system. It should explore alternative funding sources to assist in providing additional funding for family-centered services and supports, such as grants.

5.26 Agency and staff liability

The agency should have policies and procedures to prevent or respond to agency and staff liability in providing family-centered services.

Family-centered services involve considerable risk, including the risk to workers who are primarily field based and who often must travel to see families at night in unfamiliar or unsafe neighborhoods.

The responsibilities associated with ensuring children's safety and supporting families bring with them risks of legal liability. It is not uncommon for an agency or one of its staff to be sued for actions they take or decide not to take. Fear of lawsuits or liability should not distract the agency or staff from carrying out the agency's mission and goals.

The agency should be prepared in advance, however, to respond quickly when an issue of liability is raised. The agency should have the ability to consult with an attorney as needed.

(See also CWLA *Standards of Excellence for Management and Governance*, 3.29.)

Personnel

To carry out its mission, the agency will need to attract and retain a competent, culturally diverse workforce. Staff must to be trained, skilled, and knowledgeable in their particular job responsibilities, in culturally competent practice, and in working with the community. All personnel must understand the role of the agency in keeping children safe and supporting families.

5.27 Recruiting and selecting personnel

The child welfare agency should develop a comprehensive recruitment and staff selection plan that is oriented toward maintaining a competent, culturally diverse workforce to deliver family-centered services.

Staff must be skilled in working with families to enhance and promote individual and family capabilities in ways that support family functioning. Staff also need strong collaborative and facilitative skills to incorporate a community-based approach to supporting and empowering families.

Recruitment of staff

The agency should develop a comprehensive recruitment plan oriented toward maintaining a competent, culturally diverse work force that is consistent with the cultural and ethnic composition of the community.

The plan should include the use of current personnel to help recruit additional staff. In addition, the agency should actively engage the community in identifying and attracting competent employees. Recruitment activities should be conducted on an ongoing basis based on projected staff needs, workload considerations, the anticipated personnel

budget, and the estimated turnover rate. Colleges and universities should be targeted for these recruitment activities.

Selection of staff

The agency providing family-centered services should have in place a structured personnel selection process to assure that staff bring to the agency the educational skills, knowledge, abilities, and personal commitment necessary for the agency to achieve its mission. In many public agencies, state or local personnel rules and regulations will need to be followed.

When selecting staff, the agency should

- develop job descriptions that explain the essential functions of the position and the competencies needed to perform those functions;
- involve the candidate's immediate supervisor in the selection process;
- involve more than one person, preferably prospective coworkers, in the interview and selection process;
- verify information provided during the interview process, including but not limited to education, prior employment and experience, and criminal and child abuse history;
- assess the personal characteristics of the candidate, including his or her ability to work in a multidisciplinary setting, with families, with peers, and in the community; and
- ensure that the selection process is consistent and provides for a fair assessment of each candidate's competencies.

5.28 Professional qualifications, competencies, responsibilities, and qualities of administrators

An administrator of family-centered and IFC services who has case or program supervision responsibilities should have a master's degree in social work or a related field and demonstrated competence, knowledge, training, and experience in administration. An administrator also should demonstrate competence and experience in working successfully with culturally diverse populations, including tribal communities.

The success of the family-centered services program depends on hiring staff who are committed to its mission and goals. The appointment of an administrator who can carry out the mission and challenge staff to do their very best to help children and families is critical.

Administrators of family-centered services should

- have strong convictions about the importance of the goals of family-centered services and be able to provide leadership to staff, the governing body, and the community in accomplishing those goals;
- provide leadership in the planning, development, implementation, and evaluation of policies and programs, and ensure the delivery of quality services;
- hire competent, caring staff who will carry out the mission and goals of the agency;
- model for staff a strengths-based approach to working with people;
- ensure that the organizational structure is conducive to open communication and a healthy working environment;
- ensure that the agency's goals and services are culturally responsive and address the needs of the families and communities;
- advocate, as appropriate, for additional funding and resources for families who need family-centered services;
- ensure that the agency is fiscally responsible;
- interpret the agency's mission and goals to the community and the families that are served, including ethnic or cultural communities that may exist within the context of the larger community;
- build relationships with the media and keep the media informed;
- ensure that a strong community-based approach to planning and delivering family-centered services is present;
- demonstrate understanding of applicable federal laws and their intent, including ICWA;

- attend training and leadership conferences to ensure that his or her skills and knowledge remain up to date; and
- communicate with other family-centered services staff and administrators outside the jurisdiction to ensure that the program continues to be based on sound practices and research.

5.29 Professional qualifications, competencies, and individual qualities of supervisors

Supervisors of family-centered services should have a master's degree in social work or a related field and the training, skills, and personal qualities to provide strong leadership to staff.

The agency's supervisory structure should reflect its mission and goals. A supervisor also must be able to work effectively with families, with peers in multidisciplinary settings, and with the community.

Supervisors of family-centered services should be competent in

- providing case consultation and guidance to workers in decisionmaking;
- teaching new skills and clearly conveying information to the worker;
- planning for and facilitating the worker's professional growth and development;
- providing services to families, as there will be times when a worker will not be available;
- serving as a model and leader for staff and the various communities served;
- practicing family-centered, strengths-based casework methods;
- team building, family group decisionmaking, mediation, and complaint resolution;
- managing personnel and administering agency programs, including the selection, retention, and performance review of staff (Many new supervisors will not

have experience in this area, so the agency should provide them with training and mentor opportunities.);

- demonstrating understanding of applicable federal laws and their intent, including ICWA;
- understanding and valuing cultural differences that affect how different ethnic and cultural communities, including tribal communities, make decisions regarding the welfare of their children;
- communicating effectively with workers and administrators regarding the respective needs and requirements of the agency, social workers, and families;
- assisting workers to be culturally responsive;
- working with the administration and the community to develop resources to enhance staff practices and agency services; and
- working with the community to identify families and children needing services and to coordinate those services.

5.30 Qualifications, competencies, and individual qualities of workers providing family-centered services

The agency should strive to attract and retain the most qualified and competent staff.

5.31 Family resource, support, and education services staff

The agency should select FRSE staff members based on their demonstrated competence in the skills required for their jobs; their understanding and acceptance of the principles associated with FRSE programs; and their ability to communicate a warm, caring, nonjudgmental approach to both parents and children.

A staff member's interpersonal approach is as important as his or her formal skills and experiences. Agencies should, therefore, select individuals for FRSE programs who have not only the required skills, but the following personal attributes as well:

- warmth of expression,
- the ability to talk freely and directly about feelings,
- the ability to express caring and nurturing to both adults and children, and
- the ability to accept differences in values and to be nonjudgmental.

Staff members may be professionals (e.g., child development specialists, social workers, psychologists) or people with relevant life experiences who received their training through the program itself. Agencies may also use volunteer support; volunteers should be trained through the program.

Staff members should be of similar cultural, ethnic, or racial backgrounds as program participants and able to work competently with program participants and other resource persons with diverse ethnic, racial, and cultural backgrounds.

5.32 Family-centered casework and intensive crisis services staff

Workers providing FC and IFC services should have either a graduate degree in social work or other relevant human service field and experience in working with children and families, or an undergraduate degree in social work or other relevant human service field and at least three years of experience working with children and families.

Workers providing family-centered and IFC services should possess, at a minimum, the following values and knowledge:

- a commitment, interest, and confidence in carrying out the mission and goals of family-centered services;
- respect for each individual's racial, ethnic, and religious background;
- awareness of their own feelings and attitudes regarding families who may be experiencing difficulties in parenting and family life;
- a belief that every child has the right to a permanent home with their birthfamily when possible;

- an understanding of the process of individual growth and development, especially child development;
- an understanding of the dynamics of child abuse and neglect and the familial and societal factors that place children and families at risk (especially poverty, sexual abuse, family violence, substance abuse, and isolation) and that may result in children being separated from their parents;
- an understanding of the dynamics of domestic violence;
- an understanding of the procedures, practices, and historical developments of the legal system related to child welfare practice, as well as relevant federal and state child welfare laws, including, ICWA, ASFA, the Multi-Ethnic Placement Act, and the Interethnic Placement Act;
- knowledge of how to identify, acquire, and access culturally appropriate services and resources in ethnic communities;
- an understanding of the essentials of family-centered practice;
- a commitment to continue to develop the special skills needed for providing family-centered services;
- an understanding of the full range of services and how they can support families and help keep children safe;
- a willingness to continue professional education; and
- an understanding of political and funding advocacy to acquire services for families.

Workers providing family-centered and IFC services should also possess, at a minimum, the abilities to

- objectively assess families and children, identify strengths and needs, make sound decisions based on the information gathered, and engage families in meeting a child's immediate and long-term needs for safety and well-being;
- use family-centered practice in a culturally sensitive manner;
- use a strengths-based approach with families;

- assess the risk and safety factors within a family and take decisive action when a child needs protection;
- develop a case plan with the family and work together to accomplish it;
- use authority constructively to protect children and support families;
- model good practice, sound decisionmaking, family engagement, and cultural sensitivity for peers;
- work under stress and respond to crises that occur in a variety of settings;
- prioritize and manage multiple, sometimes competing responsibilities;
- work collaboratively with peers, agency administrators, the court, and community partners in supporting children and families;
- communicate effectively, verbally and in writing, the needs of the family and child to the family and the community;
- separate their personal beliefs from their professional work with families and the community, when necessary; and
- seek and use consultation and supervision, as needed.

5.33 Qualifications, competencies, and individual qualities of paraprofessionals and support staff

Paraprofessional and support staff should have the education, knowledge, skills, competencies, licenses or certifications, and experience required to perform the job assigned by the family-centered service agency.

The agency should employ individuals in clerical and administrative support positions, as data system personnel, and as paraprofessionals. When determining the type of support staff to employ, the agency should define their job duties and competencies. The employee should be committed to the mission and goals of the family-centered service program.

The qualifications for support staff will depend on their job responsibilities. Clear job duties and expectations should be developed that delineate the qualifications and competencies of staff. Because all staff will have contact with the community, they should have the personal characteristics to respond appropriately when communicating with families and community partners.

In identifying support staff, the agency should consider hiring competent individuals from the community or individuals identified through job training programs operated by the state or local public assistance agency.

5.34 Criminal and CPS record checks

The background of all prospective staff should be assessed for their ability and suitability to work with children and families.

Background assessments are particularly important for staff who will have direct contact with children and families. The agency should conduct criminal and child abuse screenings on staff. The agency may require drug screening for direct service positions. Motor vehicle department screening may be appropriate for staff who will be transporting children. If a candidate or staff person has a criminal or child abuse history, the incidents should be thoroughly reviewed.

The agency should not hire or retain staff who might be a danger to children, families, or other staff.

5.35 Cultural diversity and competence of staff

The agency should be committed to establishing and maintaining a culturally diverse workforce and becoming a culturally competent organization.

The agency should reflect the racial and cultural diversity of the families it serves.

The agency should recruit and hire staff who are culturally diverse and sensitive to the expressed needs of the populations served.

To successfully recruit staff members who represent diverse racial and cultural groups, the agency should:

- make a conscious commitment to recruit and hire staff members from those groups served by the community;
- develop a positive relationship with the communities served;
- ask community members for specific assistance in recruitment;
- develop relationships with schools of social work, encouraging students who come from the community to use the agency as a site for field placements;
- consider bilingual and bicultural competency in addition to formal training and experience in evaluating qualifications of professionals and paraprofessionals;
- establish career advancement policies and mentoring that provide opportunities for staff members from diverse groups to prepare for and assume supervisory and administrative positions.

To retain staff members from diverse cultural groups, the agency should demonstrate cultural responsiveness to all staff members, as well as to the children and families it serves. The agency should ensure that staff members at every level, as well as members of governing and advisory boards, are representative of the populations served.

5.36 Creating a culturally supportive work environment

The agency should create and maintain a culturally supportive work environment that acknowledges, respects, and embraces different points of view in the workplace.

To create a culturally supportive work environment, the agency should

- specify cultural competence and responsiveness in all job descriptions and include attention to these qualities in performance evaluations;
- establish personnel policies that are supportive and responsive to all staff members;
- ask community members to assist in identifying additional factors that will create a supportive environment;

- provide leave-time policies that accommodate holidays and important community or family events of the various cultures represented by staff members;
- in evaluating agency performance, ask consumers from the community for their perceptions of the agency's effectiveness;
- use agency décor that reflects diversity;
- incorporate training on relevant child welfare law and policy, including ICWA;
- help raise sensitivity and awareness of community members to the diversity of their communities, including tribal communities, to encourage support and decrease isolation among community members; and
- celebrate and share cultural backgrounds, traditions, and practices within the organization.

Staff training curricula should include a focus on building staff members' cultural competence and increasing their understanding of the role of culture in a person's life.

The agency should build relationships with community representatives who can orient staff members to the values and beliefs, customs, needs, strengths, and resources of the community and its culture. The agency should seek information from these communities and incorporate that information that is appropriate throughout the family service system.

Training for Family-Centered Services

The child welfare agency should assign qualified social workers to organize and carry out a training program for family-centered services. The program should be planned in collaboration with experienced practitioners, and where appropriate, judges, health care professionals, substance abuse specialists, family violence specialists, educators, and advocates. Wherever possible, training should be provided jointly, across roles and disciplines, to encourage mutual learning and a common framework for working together. Training should model the value and practice of teamwork and should

include family experts and, where applicable, youth, in the design, delivery, and evaluation of the curriculum.

5.37 Preparation and training of family-centered services trainers

All staff members and others who lead training should be prepared as trainers, have skills in working with groups, and have a thorough understanding of program content. Everyone involved in providing training on family-centered services should have knowledge of the purpose, goals, philosophy, and organizational structure of the agency and its family-centered services; the relationship of family-centered services to other child welfare services; agency requirements and expectations relating to monitoring, supervision, and permanency planning; the roles, rights, and responsibilities of parents, the child, and the agency; health and safety procedures; and the ethnic and cultural environments of the service area, including American Indian child welfare.

5.38 Preparation and training of FRSE staff members

The agency should use preservice and regular inservice training and supervision to provide FRSE staff members with a thorough understanding of the philosophy, mission, and approach of the program, as well as build necessary programmatic skills.

Training should

- ensure that all staff members understand and are able to communicate the philosophy and approach of the FRSE program;
- emphasize methods of identifying and building on family strengths, promoting parent-to-parent interaction, and helping parents build their own skills and confidence rather than relying on the staff to "do for" them; and
- provide or reinforce skills in infant and child development and in parenting (e.g., nutrition, health care, playing with children).

Training methods should be adapted to the interests and needs of staff members and may include formal classroom

training, topical workshops, and experiential learning opportunities. In-service training should be built into the program schedule on a frequent and continuing basis. The in-service training curriculum should include the development of cultural competence.

The provision of ongoing training through good supervision is also essential.

5.39 Preparation of FCC and IFC service workers

The child welfare agency should provide an orientation to the agency and its services, preservice training, and inservice training for all social workers and staff members providing or assisting in the provision of FCC and IFC services.

Core training should be completed prior to an FCC or IFC service worker's being assigned independent handling of cases.

The training curriculum should be competency-based with identified learning outcomes.

The orientation and preservice training program should address

- employees' rights and responsibilities, benefits, and personnel policies, and a description of child welfare services;
- the family assessment process;
- working with family members to ensure child safety and facilitate decisionmaking;
- understanding the family's cultural perspective;
- building on the strengths of the family;
- assessing the effectiveness of services through interviews and customer satisfaction surveys;
- policies on discipline, mandated reporting, confidentiality, substance abuse, and HIV/AIDS;
- the knowledge and practice skills necessary to be an effective family-centered services worker;
- managing the effect of family-centered work on themselves and their own families;

- the nature of cross-cultural work and the importance of becoming culturally competent;
- legal aspects of family-centered work, including court training; and
- special considerations and resources for working with children and families of color, including Indian children and families.

5.40 Preservice training for new social work supervisors

The child welfare agency should provide preservice training for new social work supervisors. Training should include:

- the supervisor as a manager, model for staff, and a leader;
- selecting, hiring, and training social workers and support staff;
- supporting the growth and development of staff members;
- understanding and committing to the mission and goals of family-centered services;
- cultural competence;
- applicable federal laws and their intent, including ICWA;
- case consultation guidelines and procedures;
- quality assurance guidelines and procedures;
- working with challenging staff members;
- monitoring staff performance and program performance; and
- enlisting the support of agency management, other agency programs, and the community in strengthening services and creating a supportive environment for staff.

5.41 Inservice training for FCC and IFC service workers and supervisors

The child welfare agency should provide social workers and supervisors with a comprehensive inservice training program

and continuing education opportunities to help them maintain and expand the knowledge and skills necessary to provide quality services.

Staff should help identify the content of inservice training that will be most useful to their continued development.

In-service training, selected according to individual workers' levels of functioning and job responsibilities, should ensure that as workers gain experience on the job, their level of competence likewise increases. It should prepare workers for increasing levels of responsibility, including supervisory responsibilities.

Inservice training should help staff apply and expand their knowledge and skills in the following areas:

- the philosophy and values of family-centered services;
- the guiding principles of family-centered policy and practice;
- family, couples, and individual counseling;
- family group therapy, decisionmaking, and mediation;
- crisis intervention;
- engaging family members;
- assessment and goal setting;
- assessing the safety of and risks to the child and other family members;
- developing a behaviorally specific case plan;
- teamwork;
- defusing violent or angry family members;
- teaching parenting skills;
- teaching life skills to families (e.g., anger management, communication skills, problem-solving and negotiating, stress management, mood management);
- structuring strategies to prevent harmful interactions before, during, and between visits;
- helping families cope with chemically dependent family members;
- helping families cope with chronic mental illness or severe emotional disturbance;

- working with depressed and suicidal family members;
- developing cultural competence;
- helping families access and use community supports, available economic supports, and so forth;
- domestic violence;
- technology training;
- training on accessing and using automated information;
- advocating for families; and
- evaluating the success of various services.

Training should be regularly scheduled, with caseload coverage provided to ensure worker availability and participation. Training and supervision should be integrated and mutually reinforcing. Formal, organized training programs should be augmented by on-the-job supervision, job rotation, coaching, and self-directed training opportunities.

The agency should provide regular in-service training for supervisors to advance supervisory skills and knowledge in working with staff, families, and the community.

The agency climate should be conducive to continual professional growth and development for all staff. Training opportunities should be tailored to the education, knowledge, and experience of staff being trained. Social workers, supervisors, and administrators should be regularly and formally consulted regarding the training and professional development needs of the agency.

The agency should work with universities and colleges to help staff who are interested in obtaining advanced degrees. Funding, flexible hours or other special arrangements should be pursued.

5.42 Cross-system training

The child welfare agency should develop and implement collaborative training with other key decisionmakers who develop and act on child welfare policy, make child welfare decisions, and allocate resources, including judges and attorneys, court officers, medical and mental health professionals, law enforcement personnel, educators, and tribal representatives from each of these disciplines.

The agency should arrange for cross-system participation in training to enhance all participants' understanding of the importance of supporting and preserving families for children, how family-centered strategies and approaches work, and how professionals from across systems, along with community partners, need to work together to ensure that families are properly assisted in their efforts to improve their parenting abilities and manage their own affairs.

5.43 Shared responsibility in the delivery of services

The agency providing family-centered services should ensure that families needing services are able to receive them either directly from the agency, through contractual agreements among agencies or organizations providing the services, or through resources that may be provided at no charge to the community.

To ensure that a full range of services are available for families, the child welfare agency and the community agencies should

- conduct a needs assessment within the community to identify available services and gaps in service provision,
- develop contracts and agreements with agencies that are knowledgeable in delivering family-centered services,
- ensure that community-based services are competent in delivering services compatible with the racial and cultural groups being served,
- develop contracts or other agreements that are based on performance and outcome,
- advocate for additional funding to address the community's service needs,
- consider a pooled approach to funding programs within the community,
- advocate for flexibility within the funding sources to promote service integration and best serve families with children in the community,
- coordinate service delivery to preclude the duplication of services, and
- ensure that contracts reflect the agency's philosophy.

6

Supporting, Strengthening, and Preserving Families with Children: A Community Responsibility

Goals

I. The agency facilitates an active and ongoing process to involve families and other community members in designing and implementing supports and services that promote and enhance child safety, permanency, and well-being.

II. The community understands the role of the agency and refers families who are in need of services.

III. The agency establishes agreements with community partners that assist children and families in receiving the supports and services needed to keep families together while keeping children safe.

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IV. The agency facilitates the development of strong collaborative networks to educate the general community on child and family issues.

V. The agency provides accessible services that meet the needs of families seeking assistance with day-to-day concerns or when stressful family situations arise.

Communities have a responsibility to keep children safe. Although parents have the primary responsibility for ensuring their child's safety and well-being, they need ongoing support from the community to succeed. Each community must advocate so that families have what they need to provide safe, nurturing, and permanent living arrangements for their children. A full range of services and resources, both formal and informal, should be available to children and their families, including preventive and supportive services, assessment services, and treatment of child abuse and neglect.

The community, the child welfare agency, and those organizations providing family support services should have a shared commitment to developing effective resources to assist families in providing the best possible care for children. Community organizations, working together with the child welfare agency, should look beyond their traditional roles and responsibilities to determine what changes or expansions could enhance community family support efforts.

6.1 Role of the child welfare agency in building supports for families

The child welfare agency should assist communities in developing strategies that will support families and that promote safety, permanency, and well-being for every child.

The strategies developed should address primary, secondary, and tertiary prevention, as well as early intervention, through a comprehensive and collaborative approach by the community.

The child welfare agency should educate and inform organizations and other agencies of the importance of supporting and strengthening families for children.

The child welfare agency should inform schools, health care, mental health, and substance abuse prevention/treatment agencies; legal and professional groups; faith-based organizations; formal and informal helping networks; and community leaders of services and supports provided to families with children. The child welfare agency should sponsor or participate in community events to disseminate information.

6.2 Role of the child welfare agency in mobilizing community resources

The child welfare agency should provide leadership to mobilize the community's resources to meet the needs of the children and families they serve and all children and families in the community. The agency should build collaborations with other organizations and agencies, including tribal agencies, to provide supports and quality services to children and families.

By developing community collaborations with other agencies and organizations, the child welfare agency can improve the likelihood that families will receive the supports and services they need to provide a safe, permanent, and nurturing environment for their children.

Child welfare agencies, tribal governments and agencies, community agencies, and individuals should work collaboratively to

- develop family resource programs within neighborhoods to provide prevention and early intervention services, such as self-help groups, support groups, information and referral, recreational programs, and social activities;
- develop personal safety and family life programs to address teen pregnancy, substance abuse, domestic violence, HIV/AIDS, parenting, and school issues for children and families;
- provide preventive health care, home visitation, and quality affordable child care;
- develop public education campaigns that supply information on child and family issues;

- provide opportunities for families to share their talents and expertise with members of the community;
- identify financial resources, both public and private, that can be used to fund supportive and preventive activities.

6.3 Role of community agencies and service organizations

Social service and mental health agencies, health professionals, family violence service providers, substance abuse service providers, housing agencies, faith-based organizations, natural community leaders, and neighborhood associations should be active participants in all community planning that promotes healthy families and child safety, permanency, and well-being.

The numerous agencies and service organizations in the community should share their skills and resources. The child welfare agency, as part of its leadership role, should encourage community agencies and service organizations to

- collaborate with other members of the community in outreach programs that engage families with children;
- advocate so that those in need of services and supports can have timely and easy access to services;
- provide an array of services that will meet the needs of a diverse population;
- develop working agreements among community agencies and service organizations and others in the community (including tribal agencies and communities involved in providing services to strengthen families and promote child well-being) that include efforts to increase communication, promote cross-program training, and eliminate unnecessary service duplication;
- share their expertise in community development, advocacy, financial management, evaluation, and community-based service delivery with other partners and the community;
- advocate for statutes, pooled and flexible funding strategies, and policies that support service integration and a community collaborative approach to assist families in keeping their children safe;

- ensure that service programs promote healthy child and family development and respond to the individual needs of children and families brought to their attention;
- work with other community agencies to respond to service gaps;
- ensure that staff are properly trained and skilled in their areas of expertise, in the recognition of family-centered principles, and in community development, teamwork, and advocacy;
- serve on multidisciplinary teams in the community;
- encourage staff to play an active role in community activities that support children and families; and
- develop and disseminate information that describes the community collaboration.

6.4 Role of schools and institutions of higher learning

To support families with children, elementary and secondary schools should consider a range of strategies to support families with children. These include:

- providing opportunities for parents to participate in the educational development of their children;
- encouraging and facilitating parent involvement in the development and review of school policies, procedures, and programs that affect children and families;
- ensuring continuity and support for children and youth in out-of-home care;
- working collaboratively with child and family service agencies;
- making facilities available for afterschool programs, parenting classes, child safety classes, mediation, family counseling, and educational and recreational programs that support children and families;
- allowing the use of school facilities for other activities within the community that support the health and well-being of children and families;
- actively participating in the communities they serve; and

- encouraging community service learning opportunities for children and youth.

Universities, colleges, and libraries can play a significant role in promoting family support and preservation and child safety and well-being by

- providing mentoring, college preparatory, and educational enrichment for children, youth, and families in the community;
- providing community-based outreach services for families within the community;
- providing space for special workshops that support community members in identifying family strengths and advocating for children and community activities;
- providing pro bono or volunteer services, such as research on family support, clinical social work services, community development expertise and consultation, or language translation;
- arranging for and providing educational support for students through internships and field placements;
- teaching students cultural diversity and cultural competence skills;
- educating students and practitioners in related fields on the importance of working with the entire family on issues of family concern and child safety;
- providing preservice and inservice training to child welfare staff and community partners; and
- collaborating with child welfare and family support agencies in preparing graduates for working with families in the community.

6.5 Role of mental health and health care professionals

Mental health and health care professionals, in working with individual families, should assist them in meeting the safety, permanency, and well-being needs of the children in their care. Mental health and health professionals should employ a family-centered approach and should be familiar with child welfare issues and laws.

Mental health and health care professionals should

- collaborate with other members of the community to provide care and support, and to strengthen and support families;
- assist other community members in engaging health management agencies to be responsive to the needs of families with children; and
- solicit advice and support from members of tribal communities to ensure that they fully comprehend, and can address challenges that may be uniquely faced by children and families of color, including Indian children and families.

6.6 Role of housing agencies

Public housing agencies and child welfare agencies should collaborate to provide safe and affordable housing for families, enhancing opportunities for families to achieve a stable family life.

Public housing agencies can

- provide coordinated, comprehensive housing and support services to families involved with or at risk of entering the child welfare system, thus preventing or shortening family separations;
- provide families with direct access to housing resources, to divert families whose needs are housing from entering out-of-home care, thereby preventing costly separations while saving resources for children and families with more complex challenges; and
- serve families that have been stabilized by supportive services and case management. Housing agencies can avoid costly evictions by serving families who have gained additional lifeskills and are able to be stable tenants.

6.7 Role of law enforcement agencies

Law enforcement agencies and community members should address the issues that place children and families at risk in their communities.

In addition to their traditional role of investigating criminal activities and providing safety for child welfare staff, law enforcement agencies often help communities develop and staff neighborhood prevention programs. Law enforcement agencies should be family friendly, that is, if law enforcement agency staff must take a child into protective custody, they should be knowledgeable about community resources. Law enforcement agencies should ask if a relative (and, for American Indian children, a clan or other tribal member) is available to care for the child while an investigation takes place.

6.8 Role of legal service providers

Legal service providers should consider providing critical assistance to families who may need such aid in the course of managing life events or dealing with the formal child welfare and justice systems.

Legal service providers can

- offer families guidance regarding legal terms, court fees, and court rules;
- inform family members of their legal rights and responsibilities;
- assist families in resolving conflict in family-friendly ways, such as through family mediation;
- offer families guidance in civil concerns such as landlord-tenant concerns, budgeting, and credit counseling;
- provide pro bono services to families in need; and
- help child welfare agencies and families understand and effectively respond to the provision of all local, state, and federal laws affecting the safety, permanency, and well-being of families and children, including the unique laws pertaining to American Indians.

6.9 Role of domestic violence service providers

Domestic violence service providers and child welfare agencies should work together to assist the community in recognizing and understanding the link between child abuse and neglect and domestic violence.

Domestic violence affects many families, especially those who come to the attention of the child welfare system.

Child welfare agencies, organizations providing family support services, and communities should integrate family violence prevention and treatment into their array of services.

Agencies need to collaborate with providers specializing in domestic violence services as they make needed changes in policies, programs, and practices. Resources will be needed to educate, train, and open lines of communication between family violence providers, parents and their children, and child welfare agencies. Tribal communities should also be consulted in the development of family domestic violence policies, programs, and practices to ensure that they properly identify and address challenges unique to tribal communities, thereby ensuring that resources are relevant.

6.10 Role of substance abuse treatment service providers

Child welfare agencies, with the support of community organizations and agencies, should provide leadership in addressing substance abuse issues that threaten child and family safety and well-being, including supporting substance abuse treatment providers in advocating for additional treatment slots for families needing such services.

Substance abuse is a leading cause, as well as a symptom, of the problems that lead to family instability and child abuse and neglect. Child welfare agencies and substance abuse treatment providers must forge effective partnerships to ensure that families receive the services they need.

Substance abuse providers can assist by providing consultation and training in recognizing and addressing the underlying causes of substance abuse, by working with community partners in assessing family needs and strengths, and by engaging families in initiating and continuing treatment.

6.11 Role of faith-based organizations

Faith-based organizations play a major role in the community and should be included as an active partner in planning community strategies.

Community members seek faith-based organizations to assist them with troubling family concerns. Faith-based organizations, in collaboration with other community partners, can help families to build on their strengths and can serve as resources for community activities. They can engage members of the faith community in becoming active participants in responding to the needs of families and children. They can also provide facilities and space for activities, such as day care, afterschool activities, or parent education classes.

6.12 Role of informal community and family supports

The child welfare agency should engage informal supports, such as friends, paternal and maternal relatives, clan or other tribal members, and neighbors, when working with children and families.

The help provided by informal supports often strengthens families facing troubling and vulnerable times. Often, informal supports act as a cultural guide and assist in conveying important information to and about the family. Therefore, they should be encouraged to play an active role in ensuring the child's safety, permanency, and well-being and helping the family with the challenges of daily life.

Informal family and community supports can assist children and families by

- encouraging families to acknowledge the need for services to prevent the unnecessary separation of the child from the family or other family disruption;
- identifying children who are in an unsafe family setting and reporting those concerns to the appropriate authorities in a timely manner;
- providing a safe living arrangement for children who cannot remain with their parents or caregivers;
- providing regular and ongoing support to families before, during, and after services are ended by the formal child welfare agency and other community agencies;
- assisting the family in determining the best permanency plan for the child and family; and

- advocating for services and resources within the community to keep children safe and to preserve, support, and build on family strengths.

The child welfare agency should support the involvement of informal family and community supports by

- involving them, as appropriate, in the family assessment and case planning;
- assisting families who are referred to the agency to identify and engage informal resources that can provide positive support; and
- acknowledging the role of informal supports by engaging them as partners in community activities, conferences, and training sessions.

6.13 Role of civic organizations, businesses, and other community institutions

The child welfare agency should engage businesses, neighborhood organizations, recreational programs, and fraternal organizations in advocating for child safety, permanency, and well-being as well as supporting and strengthening families.

Each community is composed of a variety of supports for families beyond those traditional supports that are acknowledged by child welfare agencies. These supports can

- support the development of self-help groups and employee assistance programs;
- participate in advocacy efforts to support adequate family assistance programs, such as employment services, housing, child care, and health and mental health care;
- train staff in the identification of high-risk factors and indicators of child abuse and neglect;
- collaborate on the provision of ongoing supports to families, such as corporate-sponsored child care, afterschool programs, flextime for working parents who need it, and parental leave;
- play an active role in any planning effort and community partnership established in the community to

prevent and ameliorate child abuse and neglect and to preserve and support family stability;

- participate in planning with agencies for a full array of services and supports; and
- encourage their staff to be active in programs within the community that support families, including engaging families and keeping them connected to resources and supports.

6.14 Role of tribes and Indian Nations in ensuring child safety and family stability

The child welfare agency should engage each local Indian tribe and organization in a partnership to keep children safe and support families. The agency should establish agreements with each tribe that reflect the customs and codes of that tribe and are consistent with the agency's mandate to protect children.

The agency should comply with provisions of ICWA, which was passed "to protect the best interest of the Indian child and promote the stability and security of Indian tribes and families." ICWA places jurisdiction with the appropriate tribes, wherever possible, in child custody proceedings involving the foster care placement, adoptive and preadoptive placement, or termination of parental rights, of Indian children. Agencies should involve the tribe and the Indian custodian, where there is one, in all decisions regarding these children. If foster care or termination of parental rights is ordered, ICWA mandates that special consideration be given to the living arrangement of the child with extended family, with another member of the tribe, or with other qualified Indian families.

Special legal and cultural issues relate to serving Indian children and their families. Child welfare agencies should make concerted efforts to understand, acknowledge, and respect unique customs, tribal laws, and codes. The agency should recognize that Indian tribes are sovereign nations and work collaboratively with tribal governments. Agreements with Indian tribes and organizations should establish protocol, policies, and procedures that will be implemented for children who reside within the reservation, as

well as for those who live outside of reservation boundaries.

Within the community, Indian organizations may also exist that advocate for Indian children and their families. The child welfare agency should engage these organizations and the community as partners in child safety and family preservation.

6.15 Role of the media

The media should consider assisting the agency and the community in efforts to support families and to encourage child safety, permanency, and well-being.

The media has a tremendous influence on how individuals view their community, the agencies that provide services, and the people who live in the community. The media can assist the community in its efforts to look to and support families. The media should be encouraged to report on the needs of the children and families that live within their neighborhoods and communities.

The agency should enlist the media's support in advocating for the needs of families by

- seeking a balanced, informed perspective whenever reporting on child and family issues in the community;
- ensuring that media presentations do not exploit children, their parents, or families;
- understanding the role of the formal child welfare system;
- developing community standards and ethics in collaboration with professional agencies regarding the presentation of child and family issues;
- working with the community on public awareness campaigns related to children and families; and
- encouraging individuals to be active in their community in programs that support families.

6.16 Role of parents and family members as active community partners

Parents and other family members, including kin, should be encouraged to participate in community efforts to develop com-

munity supports and services that promote family stability, and assist in developing prevention strategies for child safety, permanency, and well-being. The agency can facilitate such participation by supporting specific parent leadership efforts and ensuring that the opportunities are meaningful and valued.

Parents and other family members can be active community partners by

- participating within the community as a support to other families,
- identifying service gaps,
- taking part in community boards,
- developing and leading family support initiatives, and
- participating in efforts to provide and maintain a safe community for children and families.

7

Major Themes of the Standards

Introduction

- The importance of families to children and the well-being of communities
- Society's responsibility to support families in protecting and caring for their children
- The strengths of families, communities, and cultures
- Moving to a community, neighborhood-based approach to family-centered services
- The importance of prevention and early intervention to child and family safety and well-being
- Providing a comprehensive array of support services for children and families

Chapter 1: Family-Centered Practice and Family-Centered Services

- Defines *family-centered practice* as an approach that can be used in a variety of programs and settings to achieve the best possible outcomes for children
- Includes a range of practice strategies, including:
  - advocating for improved conditions for families,
  - supporting families

  - stabilizing families in crisis,
  - reunifying families,
  - building new families, and
  - connecting families to resources that will sustain them in the future.
- Promotes the primary goals of child welfare: safety, permanency, and well-being
- Seeks to improve family and community safety and well-being to achieve goals for children
- Operates on the premise that all families need support from time to time, and that, for some families, additional support and assistance should be available
- Specifically addresses the following clusters of services:
  - Family resource, support and education services
  - Family-centered casework services
  - Intensive, family-centered crisis services
- Defines *family* broadly to include birthfamilies, kinship and extended families, and foster and adoptive families
- Key family-centered practice methods include
  - engaging the family;
  - assessing child and family strengths, needs, and resources;
  - planning family-centered services;
  - assisting the family in achieving the plan;
  - monitoring and evaluating progress; and
  - celebrating success.
- Stresses participatory, solution-focused, and strengths-based approaches to assessment, planning and implementation with families, including family group decisionmaking and mediation
- Emphasizes cultural competence

Chapter 2: Family Resource, Support, and Education Services

- Defines *family resource, support, and education (FRSE) services* as community-based services that support parents as caregivers to promote parental

competency and behaviors that lead to healthy child and family development

- Works to sustain and enrich the capacity of parents to protect, nurture, and care for their children
- Stresses that FRSE services may be available to all families with children or may be directed to a group of families with common characteristics
- Emphasizes that services should be planned in full cooperation with participants
- Promotes building parental competence in many areas, because parents are most likely to become better parents if they feel capable in other parts of their lives
- States that FRSE programs should be responsive to the needs and interests of participating families and be adapted to the community in which they are located
- Stresses including a range of services for families:
  - informal support,
  - parent support,
  - peer support groups and peer counseling,
  - recreation services,
  - early developmental screening,
  - child day care services,
  - home visits and outreach,
  - referrals to resources,
  - education and job skill development, and
  - specialized services for adolescent parents.
- Recommends that agencies promote FRSE programs when facilitating a community-wide approach to strengthening families and protecting children
- States that FRSE programs should establish relationships with other organizations that serve children and families to coordinate an array of services

Chapter 3: Family-Centered Casework Services

- Describes elements of family-centered casework services (FCS), which support families that are experiencing challenges that threaten family stability

- States that FCS goals promote the protection and well-being of children, prevent unnecessary placement, facilitate reunification, and prevent reentry of children into out-of-home care
- Describes practices specific to FCS, including intake, engagement, assessment, service planning and delivery, evaluation, and follow-up services
- Emphasizes
  - assessing for and ensuring safety, including crisis and safety planning;
  - family participation in assessment and planning;
  - identifying family strengths; and
  - broad using family and community resources.
- Service planning focuses on
  - setting measurable, achievable, time-limited goals;
  - identifying the most helpful, least intrusive means of helping the family; and
  - working toward self-sufficiency and closure.

Chapter 4: Intensive Family-Centered Crisis Services

- Describes elements of intensive, family-centered crisis (IFC) services, which are for families in which removal of the child is likely or where the child is already in out-of-home care
- States that the goals of IFC are to ensure child and family safety; preserve the family, if possible; prepare the family for out-of-home placement; or facilitate the return of a child in out-of-home care
- Distinguishing characteristics of IFC service include:
  - placement of child is imminent or has already occurred,
  - Twenty-four hour availability,
  - only two to six families per worker or team,
  - extended hours spent with families,
  - time-limited services, and
  - focus on the priority concerns that have placed the family at risk of dissolution.

Chapter 5: Organization and Administration of Family-Centered Services

Supplements the *CWLA Standards of Excellence for the Management and Governance of Child Welfare Organizations.* Major elements include:

- Governing the agency
- Organizing and delivering family-centered services, including
  - outcomes,
  - roles,
  - policies and procedures, and
  - the agency manual.
- Staffing, including caseload/workload standards and resources and supports for staff
- Casework and management information systems
- Ensuring quality, including
  - research and evaluation,
  - fiscal management,
  - staff supervision, and
  - contracted services.
- Handling personnel, including staff recruitment, selection, qualifications, diversity, and training

Chapter 6: Supporting, Strengthening, and Preserving Families: A Community Responsibility

Emphasizes the importance of the community in supporting and preserving families. Key themes include:

- Although parents have the primary responsibility for ensuring their child's safety and well-being, they need ongoing support from the community to help them.
- The child welfare agency should take a strong role in developing a community approach to prevention and early intervention.

- Each community must advocate for families' having what they need to provide safe, nurturing, permanent living arrangements for their children.
- A full range of services and resources should be available to children and families, including preventive, supportive, assessment, and treatment services.

Key elements include the roles of

- the agency in building supports for families,
- community agencies in sharing skills and resources,
- informal community and family supports,
- civic organizations, businesses, and other institutions,
- tribes and Indian nations in ensuring child safety and family stability,
- the media, and
- family members as active community partners.

Glossary

Adoption—The social, emotional, and legal process through which children who will not be raised by their birthparents become full and permanent legal members of another family while maintaining genetic and psychological connections to their birthfamily.

Adoption and Safe Families Act of 1997 (P.L. 105-89)—Federal legislation that represents a bipartisan effort to effect change in the out-of-home care system. It attempts to refocus attention on child safety, reduce long stays in out-of-home care by moving children promptly into permanent families, and facilitate the adoption of waiting children.

Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)—Federal legislation that addresses problems in the public foster care system and promotes permanency for children in the custody of public child welfare through reunification with their families, adoption, or long-term out-of-home care.

Agency—Public or private child welfare agency or other organization providing family-centered services, including community-based organizations providing family resources, supports, and education services.

Assessment—To engage the family in identifying their needs, strengths, and resources to achieve and maintain children's safety and well-being, family connections, and permanency.

Assessment includes a continuum of practices, including safety assessment (focused on the immediate issues affecting safety), risk assessment (focused on the likelihood that the child will be maltreated in the future), and family as-

sessment (ongoing information gathering to understand the historical and current dynamics, strengths and resources, and needs of the family and of individual members that affect child safety, permanency, and well-being) (National Resource Center, 2002).

Best Practices—Recommended services, supports, interventions, policies, or procedures based on current validated research or expert consensus.

Case Management Services—These help people and families achieve or maintain optimum social, psychological, and physical functioning by planning, securing, coordinating, and monitoring services from different organizations and personnel in behalf of those served (Council on Accreditation [COA], 2001).

Case Plan—An agreement, usually written, developed between the family, the social worker, and other service providers. It outlines the tasks for all individuals to achieve the identified goals and objectives. Goals may include reducing the risk of future child abuse and neglect, strengthening parenting knowledge and skills, enhancing child and family development, and so forth.

Caseload—All individuals (usually counted as children or family units) for whom a social worker is responsible, as expressed in a ratio of clients to staff members.

Child Protective Services (CPS)—A process beginning with the assessment of reports of child abuse and neglect. If it is determined that the child is at risk of or experienced abuse or neglect, then CPS includes provision of services and supports to the child and his or her family by the public child protection agency, a community agency or entity, or both.

Child Well-Being—The healthy physical, emotional, intellectual, and spiritual development of a child.

Collaboration—A process of individuals and organizations in a community working together toward a common purpose. All parties have a contribution to and a stake in the outcome.

Community—A group that shares values, services, institutions, interests, or geographic proximity.

Confidentiality—The protection of information obtained dur-

ing a services intervention from release to organizations or individuals not entitled to it by law or policy.

Counseling Services—These support personal growth and development and situational change by helping individuals and families cope with the stresses of daily living and manage psychosocial adjustments related to normal life cycle issues.

Counseling services may also be provided in response to, or in conjunction with, other, more intensive, services to address such issues as victim traumas, substance abuse, job loss, depression, or illness (adapted from COA, 2001).

Cultural Competence—The ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each.

Emotional Maltreatment—Parental or other caregiver acts or omissions, such as rejecting, terrorizing, berating, ignoring, or isolating a child, that cause or are likely to cause serious impairment of the physical, social, mental, or emotional capacities of the child.

Family—Defined broadly to include circumstances in which a child may have one or more families simultaneously—for example, as a result of parental separation or divorce, open adoption of a child, or when a child is living with kin or in foster care.

The term also includes a variety of family formations, including single-parent and blended families. Family may include birth- or adoptive parents, grandparents, siblings, foster parents, legal guardians, or any other person in a parental role.

Family-Centered Casework Services—A range of activities to assist families with children to address challenges that may threaten their family stability.

Family-Centered Practice—A way of working with families, both formally and informally, across service systems to enhance the capacity of families to care for and protect their children. Family-centered practice recognizes the strengths

of family relationships and builds on these strengths to achieve optimal outcomes for children and families.

Family-Centered Services—A constellation of services that employ the family-centered practice approach, are provided in a number of settings, and meet a variety of family needs.

Family Foster Care—Essential child welfare service for children and their parents who must live apart from each other for a temporary period of time because of physical abuse, sexual abuse, neglect, or special circumstances. Children are placed in the homes of licensed, trained caregivers.

Family Group Conferencing (also Family Group Decisionmaking)—Strategy for families, with relatives and friends, to develop a plan to ensure that children are cared for and protected from future harm in ways that fit their cultures and situations.

Family Mediation—Forum in which an impartial person, the mediator, facilitates communication between parties to promote reconciliation, settlement, or understanding among them.

Family Resource, Support, and Education Services—Community-based services that assist and support parents in their role as caregivers, with the goal of promoting parental competencies and strengthening family life, leading to healthy child and family development.

Home Visiting Services—Method of delivering preventive and family support services directly to the family in the home. The services delivered during home visits constitute the intervention. The purpose of home visiting services may include providing parenting skills, preventing child abuse and neglect, promoting healthy child development and academic success, and providing the family with community resources.

Indian Child Welfare Act of 1978 (P.L. 95-608)—Federal legislation to reduce the transracial placement of American Indian and Alaska Native children and give tribal courts jurisdiction over child custody cases involving such children in an effort to prevent the decimation of American Indian and Alaska Native tribes and families.

Intake—The process during which a child, youth, or family's eligibility to receive services is assessed in comparison to the provider's established criteria.

Intensive Family-Centered Crisis Services—Short-term, home-based services provided to families in serious crisis with the goal of protecting the child, strengthening and preserving the family, and preventing unnecessary out-of-home placement of children, or promoting the return of children temporarily in out-of-home care. Intensive family-centered crisis services are purposely time-limited and intensive in nature.

Juvenile and Family Courts—Established in states to handle legal matters concerning juveniles. Most often they have jurisdiction over child abuse and neglect, status offenders, and juvenile delinquency. In some states, they also have jurisdiction over domestic violence, divorce, child custody, and child support.

Kinship Care—The full-time nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with a child.

Neglect—Failure of parents or other caregivers, for reasons not solely due to poverty, to provide the child with needed age-appropriate care, including food, clothing, shelter, protection from harm, supervision appropriate to the child's development, hygiene, education, and medical care.

Out-of-Home Care—Array of services, including family foster care, kinship care, and residential group care, for children who have been placed in the custody of the state and who require living arrangements away from their birthparents.

Permanency Planning—Process through which planned and systematic efforts are made to ensure that children are in safe and nurturing family relationships expected to last a lifetime.

Physical Abuse—Physical acts by parents or other caregivers that cause, or could have caused, physical injury to the child.

Policies—Written requirements that direct the business and service-delivery practices within the provider agency. Policies should carry the approval of the provider's governing or advisory board.

Procedures—Written guidelines developed by the provider's administration to ensure that provider practice is consistent with board-approved policies.

Provider—Any facility, organization, agency, institution, program, or person that provides services to children, youth, and families. In general, *provider* means the organization, whereas *caregiver* refers to an individual. In some settings, the provider and caregiver may be a single person.

Relinquishment—Voluntary giving up or termination of a right. In the context of adoption, relinquishment is voluntarily giving up parental rights so that a child may be freed for adoption.

Respite Care—Temporary relief provided to primary caregivers to reduce stress, support family stability, prevent abuse and neglect, and minimize the need for out-of-home placement.

Risk Assessment—An assessment of the likelihood that a child will be abused or neglected in the future.

Safety—A child is safe if an analysis of all available information leads to the conclusion that the child is not in imminent danger of harm and no interventions are necessary to ensure the child's safety in his or her current living arrangement.

Service Plan—A written plan of action that identifies needs, sets goals, and describes strategies and timelines for achieving goals.

Sexual Abuse—Sexual activity by a parent or other caregiver with a child, including but not limited to any kind of sexual contact through persuasion, physical force, or other coercive means; exploitation through sexual activity that is allowed, encouraged, or coerced; and child prostitution or pornography.

Social Work—The professional activity of helping individuals, groups, or communities enhance or restore their capacity for social functioning and creating societal conditions favorable to this goal.

Social Work Practice—The professional application of social work values, principles, and techniques toward achievement of one or more of the following ends:

- helping people obtain tangible services;
- counseling individuals, families, or groups;
- helping communities or groups provide or improve social and health services; and
- participating in the legislative process.

The practice of social work requires knowledge of human development and behavior; of social, economic, and cultural institutions; and of the interaction of these factors.

Staff—People employed by the provider in any role, including administrative, management, supervisory, direct services, or caregiving.

Termination of Parental Rights—Voluntary or involuntary legal extinction of the rights of a parent to the care, custody, and control of a child and to any benefits that by law would flow to the child from the parents, such as inheritance.

Workload—The amount of work required to successfully manage a case and bring it to resolution. It is based on the responsibilities assigned to complete a specific task or set of tasks for which the social worker is responsible.

Selected References

Acs, G., Loprest, P., & Roberts, T. (2001). *Final synthesis report of findings from ASPE "Leavers" grants.* Washington, DC: Urban Institute. Available from http://aspe.hhs.gov/hsp/leavers99/synthesis02/index.htm.

Acs, G., Phillips, K. R., & McKenzie, D. (2000). *Playing by the rules but losing the game: America's working poor.* Washington, DC: Urban Institute. Available from www.urban.org/workingpoor/playingtherules.html.

Adoption and Safe Families Act, 105 U.S.C. § 89 (1997).

Adoption Assistance and Child Welfare Act, 96 U.S.C. § 272 (1980).

Allen, M. Zalenski, J., Day, P., & Gruenewald, A. (1994). *Connecting family preservation and family support. The family partnership project. The prevention report.* Iowa City, IA: National Resource Center on Family Based Services.

Annie E. Casey Foundation. (n.d.). *Family to family: Reconstructing foster care. An initiative overview.* Baltimore: Author.

Barth, R. P., Goodhand, J., & Dickinson, N. S. (1999). Reconciling competing values in the delivery of child welfare services under ASFA, MEPA, and community-based child protection. In J. Zlotnick (Ed.), *Changing paradigms of child welfare practice: Responding to opportunities and challenges* (pp. 7–32). Washington, DC: U.S. Department of Health and Human Services.

Barth, R. P., & Price, A. (1999). Shared family care: Providing services to parents and children placed together in out-of-home care. *Child Welfare, 78,* 88–107.

Berg, I.-S. K. (1994). *Family based services: A solution-focused approach*. New York: W.W. Norton.

Berns, D., & Drake, B. (1999). Combining child welfare and welfare reform at a local level. *Policy & Practice, 1,* 26–34.

Berry, M., & Cash, S. (1998). Creating community through psychoeducational groups in family preservation work. *Families in Society: The Journal of Contemporary Human Services, 79*(1), 15–24.

Bond, J. T., Galinsky, E., & Swanberg, J. E. (1998). *1997 National study of the changing workforce (Executive summary).* New York: Families and Work Institute.

Braziel, D. (Ed.). (1995). *Family-focused practice in out-of-home care: A handbook and resource directory.* Washington, DC: CWLA Press.

Brown, J., & Weil, M. (Eds.). (1992). *Family practice: A curriculum plan for social services.* Washington, DC: Child Welfare League of America.

Bruner, C., Cahn, E. S., Gartner, A., Giloth, R. P., Herr, T., Kinney, J., et al. (1998). *Wise counsel: Redefining the role of consumers, professionals, and community workers in the helping process.* Des Moines, IA: National Center for Service Integration.

Capizzano, J., & Adams, G. (2000). *The number of child care arrangements used by children under five: Variation across states.* Washington, DC: Urban Institute.

Capizzano, J., Tout, K., & Adams, G. (2000). *Child care patterns of school-age children with employed mothers.* Washington, DC: Urban Institute.

Carolina Abecedarian Project. (1999). *Gains from high quality child care persist into adulthood—Landmark study.* Available from http://www.fpg.unc.edu.

Carten, A. (1996). Mothers in recovery: Rebuilding families in the aftermath of addiction. *Social Work, 41,* 214–223.

Center for the Study of Social Policy & Children's Defense Fund. (1994). *Making strategic use of the Family Preservation and Support Services Program: A guide for planning.* Washington, DC: Author.

Child Welfare League of America. (2002). *Cultural competence.* Available from http://www.cwla.org/programs/culturalcompetence. Washington, DC: Author.

Child Welfare League of America. (2002). *Family reunification.* Washington, DC: Author.

Child Welfare League of America. (2002). *Making children a national priority: A framework for community action—Community Implementation Guide draft.* Washington, DC: Author.

Child Welfare League of America. (2002). *Making children a national priority: A framework for community action—Monograph draft.* Washington, DC: Author.

CWLA standards for health care services for children in out-of-home care. (1988). Washington, DC: Child Welfare League of America.

CWLA standards for in-home aide services for children and their families. (1989). Washington, DC: Child Welfare League of America.

CWLA standards for independent-living services. (1989). Washington, DC: Child Welfare League of America.

CWLA standards for organization and administration for all child welfare services. (1984). Washington, DC: Child Welfare League of America.

CWLA standards for services to strengthen and preserve families with children. (1989). Washington, DC: Child Welfare League of America.

CWLA standards of excellence for adoption services. (2000). Washington, DC: Child Welfare League of America.

CWLA standards of excellence for child day care services. (1991). Washington, DC: Child Welfare League of America.

CWLA standards of excellence for family foster care. (1995). Washington, DC: Child Welfare League of America.

CWLA standards of excellence for kinship care services. (2000). Washington, DC: Child Welfare League of America.

CWLA standards of excellence for residential group care services. (1991). Washington, DC: Child Welfare League of America.

CWLA standards of excellence for services for abused or neglected children and their families. (1999). Washington, DC: Child Welfare League of America.

CWLA standards of excellence for services for adolescent pregnancy prevention, pregnant adolescents, and young parents. (1998). Washington, DC: Child Welfare League of America.

BEST COPY AVAIL

CWLA standards of excellence for the management and governance of child welfare organizations. (1996). Washington, DC: Child Welfare League of America.

Children's Bureau of Southern California. (1997). *Family Assessment Form: A practice-based approach to assessing family functioning.* Washington, DC: Child Welfare League of America.

Children's Defense Fund. (1999). *Healing the whole family: A look at family care programs.* Washington, DC: Author.

Children's Defense Fund. (2000). *Families struggling to make it in the workforce: A post welfare report.* Washington, DC: Author. Available from http://www.childrensdefense.org/pdf/CMPreport.pdf.

Cole, E., Day, P., & Steppe, S. (1994). *Report of the CWLA Family Strengths Project.* Washington, DC: Child Welfare League of America.

Cole, E., & Duva, J. (1990). *Family preservation: An orientation for administrators and practitioners.* Washington, DC: Child Welfare League of America.

Connolly, M. (with McKenzie, M.). (1999). *Effective participatory practice: Family group conferencing in child protection.* New York: Aldine De Gruyter.

Council on Accreditation for Children and Family Services, Inc. (2001). *Standards and self-study manual* (7th ed., Vol. 2). New York: Author.

Cross, T. L. (1998). Understanding family resiliency from a relational world view. In H. I. McCubbin, E. A. Thompson, A. I. Thompson, & J. E. Fromer (Eds.), *Resiliency in Native American and immigrant families* (pp. 143–157). Thousand Oaks, CA: Sage.

Dalaker, J. (2001). *Poverty in the United States: 2000* (U.S. Census Bureau, Current Population Reports, Series P60-214). Washington, DC: U.S. Government Printing Office.

Dawson, K., & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare, 81,* 293–317.

Day, P., Robison, S., & Sheikh, L. (1998). *Ours to keep: A guide for building a community assessment strategy for child protection.* Washington, DC: Child Welfare League of America.

Day, P., & Yu, E. (2002). *The impact of ASFA on children and families of color: Proceedings of a forum.* Washington, DC: Child Welfare League of America.

Dougherty, S. (2001). *Toolbox No. 2: Expanding the role of foster parents in achieving permanency for children.* Washington, DC: CWLA Press.

Dougherty, S. (with Yu, E., Edgar, M., Day, P., & Wade, C.). (2002). *Planned and crisis respite for families with children: Results of a collaborative study.* Washington, DC: CWLA Press.

Ehrle, J., Geen, R., & Clark, R. (2001). *Children cared for by relatives: Who are they and how are they faring?* Washington, DC: Urban Institute.

Etter, J. (1997). *Mediating permanency outcomes: Practice manual and four workbooks.* Washington, DC: Child Welfare League of America.

Family Resource Coalition. (1996). *Guidelines for family support practice.* Chicago: Author.

Fanshel, D., & Shinn, E. (1978). *Children in foster care: A longitudinal investigation.* New York: Columbia University Press.

Festinger, T. B. (1975). The New York court review of children in foster care. *Child Welfare, 54,* 211–245.

Fong, R. (1994). Family preservation: Making it work for Asians. *Child Welfare, 73,* 331–341.

Foster Care Project toolbox for community outreach. (1997). Seattle, WA: KCTS Television.

Fraser, M., Nelson, K., & Rivard, J. (1997). Effectiveness of family preservation services. *Social Work Research, 21*(3), 138–153.

George, R. M., & Lee, B. J. (1997). Abuse and neglect of children. In R. A. Maynard (Ed.), *Kids having kids: Economic costs and social consequences of teen pregnancy* (pp. 205–230). Washington, DC: Urban Institute Press.

Gil, D. G. (1970). *Violence against children.* Cambridge, MA: Harvard University Press.

Goldstein, J., Freud, A., & Solnit, A. J. (1973). *Beyond the best interests of the child.* New York: Free Press.

Gomby, D. S., Culross, P. L., & Behrman, R. E. (1999). Home visiting: Recent program evaluations—Analysis and recommendations. *Future of Children, 9,* 4–26.

Gomby, D. S., Larson, C. S., Lewit, E. M., & Behrman, R. E. (1993). Home visiting: Analysis and recommendations. *Future of Children, 3,* 6–22.

Gray, S., & Nybell, L. (1990). Issues in African-American family preservation. *Child Welfare, 69,* 513–523.

Greenblatt, S., & Day, P. (2000). *Renewing our commitment to permanency for children: Wingspread conference report.* Washington, DC: Child Welfare League of America.

Greenfeld, L. A., Rand, M. R., Craven, D., Klaus, P. A., Perkins, C. A., Ringel, C., et al. (1998). *Violence by intimates: Analysis of data on crimes by current or former spouses, boyfriends, and girlfriends.* Washington, DC: U.S. Department of Justice.

Gritter, J. (2000). *Lifegivers: Framing the birthparent experience in open adoption.* Washington, DC: Child Welfare League of America.

Hartman, A. (1993). Family preservation under attack. *Social Work, 38,* 509–512.

Henggeler, S., Melton, G., & Smith, L. (1992). Family preservation using multisystemic therapy: An effective alternative to incarcerating serious juvenile offenders. *Journal of Consulting and Clinical Psychology, 6,* 953–961.

Hill, R. B. (1999). *The strengths of African-American families: Twenty-five years later.* Lanham, MD: University Press of America.

Hodges, V. G. (1995, March). *Supporting and preserving families: A strengths-based approach.* Presentation at the National Conference of the Child Welfare League of America, Washington, DC.

Immigration and Naturalization Service. (2001). *Illegal alien resident population.* Washington, DC: U.S. Department of Justice. Available from www.ins.usdoj.gov/graphics/aboutins/statistics/illegalalien/illegal.pdf.

Kelly, S., & Blythe, B. J. (2000). Family preservation: A potential not yet realized. *Child Welfare, 79,* 29–42.

Kinney, J., Strand, K., Hagerup, M., & Bruner, C. (1994). *Beyond the buzzwords: Key principles in effective frontline practice.* Falls Church, VA: National Center for Service Integration.

Kirk, R. (2001). *Tailoring intensive family preservation services for family reunification cases. Phase 2: Field testing and validation of the North Carolina Family Assessment Scale for Reunification* (Project report to the National Family Preservation Network and the David and Lucile Packard Foundation). Chapel Hill, NC: Jordan Institute for Families.

Kluger, M. P., Alexander, G., & Curtis, P. A. (2000). *What works in child welfare.* Washington, DC: Child Welfare League of America.

Kretzmann, J. P., & McKnight, J. L. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets.* Chicago: ACTA.

Leaman, L. M., Singletary, C., & Salas, L. (2000). *Family resource centers: A report of the Orange County Social Services Agency.* Orange County, CA: Orange County Social Services Agency.

Lennon, M. C., Blome, J., & English, K. (2001). *Depression and low-income women: Challenges for TANF and welfare to work policies and programs (Executive summary).* New York: National Center for Children in Poverty.

Levy Zlotnik, J. (1997). *Preparing the workforce for family-centered practice: Social work education and public human services partnerships.* Alexandria, VA: Council on Social Work Education.

Leung, P., Cheung, K., & Stevenson, K. (1994). A strengths approach to ethnically sensitive practice for child protective service workers. *Child Welfare, 73,* 707–721.

Lollock, L. (2001). *The foreign-born population in the United States.* (U.S. Census Bureau, Current Population Reports, Series P20–534). Washington, DC: U.S. Government Printing Office.

Lugaila, T. A. (1998). *Marital status and living arrangements: March 1998 (Update)* (U.S. Census Bureau, Current Population Reports, Series P20–514). Washington, DC: U.S. Government Printing Office.

Maas, H. S., & Engler, R. E., Jr. (1959). *Children in need of parents.* New York: Columbia University Press.

Maluccio, A., Abramczyk, L., & Thomlison, B. (1996). Family reunification of children in out-of-home care: Research perspectives. *Children and Youth Services Review, 18*(4/5), 287–305.

Mannes, M. (1993). Seeking the balance between child protection and family preservation in Indian child welfare. *Child Welfare, 72,* 141–152.

Margie, N. G., & Phillips, D. A. (Eds.). (1999). *Revisiting home visiting: Summary of a workshop.* Washington, DC: National Academy Press.

Martin, J. A., Hamilton, B. E., & Ventura, S. J. (2001). Births: Preliminary data for 2000. *National Vital Statistics Reports, 49*(5).

Matthews, M. A. (1999). The impact of federal and state laws on children exposed to domestic violence. *Future of Children, 9,* 50–66.

Maynard, R. A. (Ed.). (1996). *Kids having kids: A Robin Hood Foundation special report on the costs of adolescent childbearing.* New York: Robin Hood Foundation.

McAdoo, H. P. (1998). African-American families: Strengths and realities. In H. I. McCubbin, E. A. Thompson, A. I. Thompson, & J. A. Futrell (Eds.), *Resiliency in African-American families* (pp. 17–30). Thousand Oaks, CA: Sage.

McAlpine, C., Courts Marshall, C., & Harper Doran, N. (2001). Combining child welfare and substance abuse services: A blended model of intervention. *Child Welfare, 80,* 129–149.

McCartt Hess, P., McGowan, B. G., & Botsko, M. (2000). A preventive services program model for preserving and supporting families over time. *Child Welfare, 79,* 227–265.

McCroskey, J., & Meezan, W. (1997). *Family preservation and family functioning.* Washington, DC: Child Welfare League of America.

Missouri Department of Social Services. (1999). *In the interest of minds.* Jefferson City, MO: Kauffman Foundation.

Mumola, C. J. (2000). *Incarcerated parents and their children.* Washington, DC: U.S. Department of Justice.

Murphy, P. (1993, June 19). Family preservation and its victims. *The New York Times,* p. 21.

National Campaign for Jobs and Income Support. (2001). *Leaving welfare, left behind: Employment status, income, and well-being of former TANF recipients.* Washington, DC: Author.

National Commission on Children. (1991). *Beyond rhetoric: A new American agenda for children and families.* Washington, DC: Author.

National Resource Center for Family Centered Practice. (2002). *Implementation guide on family-centered assessment: A technical assistance project of the Children's Bureau.* Unpublished paper.

Nelson, K., Landsman, M., & Deutelbaum, W. (1990). Three models of family-centered placement prevention services. *Child Welfare, 69,* 3–21.

Office of Juvenile Justice and Delinquency Prevention. (2000). *Statistical briefing book.* Washington, DC: Author. Available from ojjdp.ncjrs.org/ojstatbb.

Padilla, Y. C. (1997). Immigrant policy: Issues for social work practice. *Social Work, 42,* 595–606.

Palmer, S. E. (1995). *Maintaining family ties: Inclusive practice in foster care.* Washington, DC: Child Welfare League of America.

Pasztor, E. M., & Wynne, S. (1995). *Foster parent retention and recruitment: The state of the art in practice and policy.* Washington, DC: Child Welfare League of America.

Pecora, P., Fraser, M., & Haapala, D. (1992). Intensive home-based family preservation services: An update from the FIT project. *Child Welfare, 71,* 177–188.

Pennell, J., & Burford, G. (2000). Family group decision making: Protecting children and women. *Child Welfare, 79,* 131–158.

Petit, M., Curtis, P., Woodruff, K., Arnold, L., Feagans, L., & Ang, J. (1999). *Child abuse and neglect: A look at the states—The 1999 CWLA stat book.* Washington, DC: CWLA Press.

Pike, V. A. (1976, November-December). Permanent planning for children in foster care: The Oregon Project. *Children Today, 5,* 22–24, 40.

Pinderhughes, E. (1995). Empowering diverse populations: Family practice in the 21st century. *Families in Society, 76*(3), 131–139.

Pine, B. A., Warsh, R., & Maluccio, A. N. (Eds.). (1993). *Together again: Family reunification in foster care.* Washington, DC: Child Welfare League of America.

Ray, N., Rubenstein, H., & Russo, N. (1994). Understanding parents who are mentally retarded: Guidelines for family preservation programs. *Child Welfare, 73,* 725–743.

Reisch, M. (1995). Public social services. In R. Edwards (Ed.), *Encyclopedia of social work* (19th ed., pp. 1982–1992). Washington, DC: National Association of Social Workers.

Rennison, C. M. (2001). *Intimate partner violence and age of victim, 1993-99.* Washington, DC: U.S. Department of Justice.

Richer, E., Sankarapandian, V., & Greenberg, M. (2002). *Impact of recession and September 11 seen on welfare caseloads: Caseloads up in most states between September and December 2001.* Washington, DC: Center for Law and Social Policy. Available from www.clasp.org/pubs/TANF/Final_2001_Q4_caseload_discussion.pdf.

Roditti, M. (1995). Child day care: A key building block of family support and family preservation programs. *Child Welfare, 74,* 1043–1068.

Rog, D. J., Gilbert-Mongelli, A. M., & Lunday, E. (1998). *The family unification program: Final evaluation report.* Washington, DC: Child Welfare League of America.

Saleeby, D. (Ed.). *The strengths perspective in social work practice.* White Plains, NY: Longman.

Saluter, A. F., & Lugaila, T. A. (1998). *Marital status and living arrangements: March 1996* (U.S. Census Bureau, Current Population Reports, Series P20–496). Washington, DC: U.S. Government Printing Office.

San Miguel, S. K., Morrison, G. M., & Weissglass, T. (1998). The relationship of sources of support and service needs: Resilience patterns in low-income Latino/Hispanic families. In H. I. McCubbin, E. A. Thompson, A. I. Thompson, & J. E. Fromer (Eds.), *Resiliency in Native American and immigrant families* (pp. 385–400). Thousand Oaks, CA: Sage.

Scannapieco, M., & Jackson, S. (1996). Kinship care: The African American response to family preservation. *Social Work, 41,* 190–196.

Schachter, J. (2001). *Geographic mobility: Population characteristics, March 1999–March 2000* (U.S. Census Bureau, Current Population Reports, Series P20–538). Washington, DC: U.S. Government Printing Office.

Schmidley, A. D. (2001). *Profile of the foreign-born population in the United States: 2000* (U.S. Census Bureau, Current Population Reports, Special Studies, Series P23–206). Washington, DC: U.S. Government Printing Office.

Seval Brooks, C., & Fitzgerald Rice, K. (1997). *Families in recovery: Coming full circle.* Baltimore: Paul H. Brookes.

Shepard, M. (1999). *Evaluating coordinated community responses to domestic violence.* Available from www.vaw.umn.edu/finaldocuments/Vawnet/ccr.pdf.

Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development (Executive summary).* Washington, DC: National Academy Press.

Skibinski, G. (1995). The influence of the family preservation model on child sexual abuse intervention strategies: Changes in child welfare worker tasks. *Child Welfare, 74,* 975–989.

Snyder, H. N., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 National report.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Stein, T. J., Gambrill, E. D., & Wiltse, K. T. (1978). *Children in foster homes: Achieving continuity of care.* New York: Praeger.

Tenny, D. (2002). *Food stamp caseloads are rising.* Washington, DC: Center on Budget and Policy Priorities. Available from www.cbpp.org/1-15-02fa.htm.

Thompson, R. A. (1995). *Preventing child maltreatment through social support: A critical analysis.* Thousand Oaks, CA: Sage.

United States Conference of Mayors. (2001). *A status report on hunger and homelessness in America's cities: 2001.* Available from usmayors.org/uscm/hungersurvey/2001/hungersurvey2001.pdf.

U.S. Advisory Board on Child Abuse and Neglect. (1993). *The continuing child protection emergency: A challenge to the nation.* Washington, DC: U.S. Department of Health and Human Services.

U.S. Bureau of the Census. (2001). *Statistical abstract of the United States: 2000.* Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General.* Rockville, MD: Author.

U.S. Department of Health and Human Services. (2000). *Temporary Assistance for Needy Families (TANF) Program: Third annual report to Congress.* Washington, DC: Author.

Available from http://www.acf.dhhs.gov/programs/opre/annual3.pdf.

U.S. Department of Health and Human Services. (2001). *Child maltreatment 1999.* Washington, DC: U.S. Government Printing Office.

U.S. General Accounting Office. (1997). *Child welfare: States' progress in implementing family preservation and support services* (Report to the Chairman, Subcommittee on Human Resources, Committee on Ways and Means, House of Representatives). Washington, DC: Author.

Vega, W. A. (1995). The study of Latino families: A point of departure. In R. E. Zambrana (Ed.), *Understanding Latino families: Scholarship, policy, and practice* (pp. 3–17). Thousand Oaks, CA: Sage.

Ventura, S. J., Martin, J. A., Curtin, S. C., Mathews, T. J., & Park, M. M. (2000). Births: Final data for 1998. *National Vital Statistics Reports, 48*(3).

Ventura, S. J., Mosher, W. D., Curtin, S. C., Abma, J. C., & Henshaw, S. (2001). Trends in pregnancy rates for the United States, 1976-1997: An update. *National Vital Statistics Reports, 49*(4).

Walton, E. (1996). Family functioning as a measure of success in intensive family preservation services. *Journal of Family Social Work, 1*(3), 67–82.

Walton, E. (1997). Enhancing investigative decisions in child welfare: An exploratory use of intensive family preservation services. *Child Welfare, 76,* 447–461.

Warsh, R., Maluccio, A. N., & Pine, B. A. (1994). *Teaching family reunification: A sourcebook.* Washington, DC: Child Welfare League of America.

Warsh, R., Pine, B. A., & Maluccio, A. N. (1996). *Reconnecting families: A guide to strengthening family reunification services.* Washington, DC: Child Welfare League of America.

Weick, A., & Saleeby, D. (1995). Supporting family strengths: Orienting policy and practice toward the 21st century. *Families in Society, 76*(3), 141–149.

Weiss, H. B. (1993). Home visits: Necessary but not sufficient. *Future of Children, 3,* 113–128.

Wolfe, B., & Perozek, M. (1997). Teen children's health and health care use. In R. A. Maynard (Ed.), *Kids having kids: Economic costs and social consequences of teen pregnancy* (pp. 181–203). Washington, DC: Urban Institute Press.

Wright, L. (2001). *Toolbox No. 1: Using visitation to support permanency.* Washington, DC: CWLA Press.

Wright, L. E., & Seymour, C. B. (2000). *Working with children and families separated by incarceration: A handbook for child welfare agencies.* Washington, DC: CWLA Press.

Young, N. K., Gardner, S. L., & Dennis, K. (1998). *Responding to alcohol and other drug problems in child welfare: Weaving together practice and policy.* Washington, DC: CWLA Press.

Young, N. K., Wingfield, K., & Klempner, T. (2001). Serving children, youth, and families with alcohol and other drug-related problems in child welfare. *Child Welfare, 80,* 103–107.

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